SEPTEMBER 19 1998

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

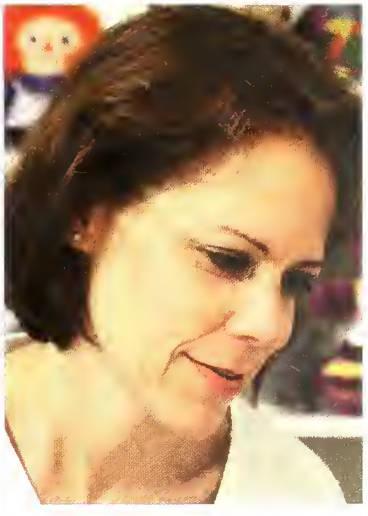
MLX re-opens debate on patient packs

NHSE questions cost of agency schemes

BPC '98: Hartley pushes team work in the modern NHS

Symbol groups heading for a fight over customers?

Boots enters £1.6bn dentistry market



Update: *a pause for the menopause*

Online at http://www.dotpharmacy.com/

New Pack Graphics

- Distinctive and impactful new look for Migraleve™ 12's and 24's
- Clearer front-of-pack claims
- Guaranteed extra sales

£1.5m Support Package

- Powerful consumer press campaign
- Intensive public relations programme
- New in-store point of sale package

Paracetamol Legislation

- Migraleve 48's are converting to POM with separate distinctive pack graphics
- All Migraleve packs now feature new legal warnings

Migraleve™ Abbreviated Product Information. Migraleve Tablets. Indications: For treatment of migraine attacks which can include the symptoms of migraine headache, nausea and vomiting. **Presentation: Migraleve Pink** - pink tablets each containing Buclizine Hydrochloride BP 6.25mg, Paracetamol DC 96% 520mg equivalent to Paracetamol PhEur 500mg, Codeine Phosphate PhEur 8mg. **Migraleve Yellow** - yellow tablets each containing Paracetamol DC 96% 520mg equivalent to Paracetamol PhEur 500mg, Codeine Phosphate PhEur 8mg. **Dosage and administration:** *Adults: Treatment:* Two Migraleve Pink tablets immediately it is known that a migraine attack has started or is imminent. If symptoms persist, two Migraleve Yellow tablets every four hours. Maximum eight tablets (two Migraleve Pink and six Migraleve Yellow) in 24 hours *Children 10-14 years:* One Migraleve Pink initially. If required one Migraleve Yellow every four hours. Maximum four tablets (one Migraleve Pink and three Migraleve Yellow) in 24 hours. Not for administration to children under 10 except under medical supervision. *Elderly (over 65 years):* As for adults. **Contra-indications, warnings, etc:** *Contra-indications:* Hypersensitivity to any of the ingredients. *Precautions:* Patients suffering from high blood pressure should be treated for this condition independently. Because of the possibility of drowsiness, consideration should be given to patients involved in hazardous occupations. Avoid alcoholic drink. Migraleve should be used with caution in patients with liver or kidney dysfunction. Migraine sho medically diagnosed. Migraleve should not be taken with prescribed medicines or for extended periods without the advi doctor. *Side-effects:* Rarely, allergic reactions such as skin rashes, hives or itching (paracetamol), constipation (c phosphate) or drowsiness (buclizine hydrochloride). *Use in pregnancy:* Whilst there are no specific reasons for contra-ind Migraleve during pregnancy, as with all drugs, it is recommended that Migraleve be used with caution in pregnancy. Mi is not contra-indicated in breast-feeding mothers. *Treatment of overdosage:* As for paracetamol (i.v. acetylcysteine) and c (injection of naloxone). **Package quantities and Price: Trade** Migraleve: 12 - £2.22; 24 - £3.91. Migraleve Pi £2.31; 24 - £4.31.Migraleve Yellow: 12 - £1.99; 24 - £3.42. **Basic NHS Price:** Migraleve: 48 - £5.10; Migraleve Pink £5.56; Migraleve Yellow: 48 - £4.70. **Legal category:** P (12s, 24s); POM (48s). **Product Licence Numbers:** Mig PL 01906/0028; Migraleve Pink - PL 01906/0026; Migraleve Yellow - PL 01906/0027. **Marketing Authorisation H** Pfizer Consumer Healthcare, Alton, Hampshire GU34 2TJ. **Date of preparation:** August 1998. Further information a from: Pfizer Consumer Healthcare, Wilsom Road, Alton, Hampshire, GU34 2TJ.

Pfizer Consumer Healthcare
Wilsom Road, Alton, Hampshire GU34 2TJ

Migraleve™

Pfizer Consumer Health

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THE NEWSWEEKLY FOR PHARMACY

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REGULARS

COMMENT

There was a succession of high profile speakers at last week's British Pharmaceutical Conference, but they did not get the audiences they deserved. The BPC consistently fails to fire the enthusiasm of pharmacists, and as a major shop window for the profession, it does not deliver. Although the format has been tinkered with over the years, the basic event has remained unchanged for decades. A major overhaul is needed. With local branches no longer organising the BPC, there is no reason why four of five major regional venues with proper conference facilities cannot be used on a regular basis. Few community pharmacists attend because of the timing and the expense. Holding the conference from Friday to Monday, perhaps with a focus on practice related matters at the weekend, and the political set pieces on Friday or Monday, might help. There is evidence of a growing level of financial support, but the Society seems reluctant (unwilling or unable?) to seek major sponsorship. Conferences need to generate a buzz, yet opportunities for debate are currently limited. Bringing the branch representatives meeting (and possibly the annual meeting) into the conference programme could help boost numbers and bring a greater political focus to the conference. Would the banquet and ball be better rolled into one (without speeches, please)? Should the various pharmacy special interest groups be encouraged to 'piggyback' their meetings with the conference? These are all questions which the organising committee should address. However, it is unreasonable to expect immediate change. Venues for events such as the BPC are booked years in advance. Any changes put in place this year will not be seen until the new millennium. Change, though, must come.

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Miller Freeman

PPA

ABC BUSINESS PRESS

Common sense to prevail at last on patient packs?

The Government is considering whether to allow community pharmacists to dispense quantities other than those prescribed, to reduce the need to split patient packs. But plans to make manufacturers provide spare labels and patient information leaflets for pharmacists to give to patients have met with some concern.

The Medicines Control Agency has issued a consultation letter (MLX 247) saying that the Government is considering some form of "limited rounding" for NHS prescriptions. This would probably be in a downward direction, with the possible exception of prescriptions for 28 (or its multiples), for which rounding to the nearest number of packs of 30 might be permitted. It might also be limited to within 20 per cent of the prescribed quantity.

Prescribers would be able to request that particular prescriptions are not rounded at all.

The letter also says that the MCA is proposing to place a statutory obligation on manufacturers to provide spare labels and patient information leaflets so that pharmacists can issue both with all packs of medicines.

The Marketing Authorisation Regulations would be amended to require the following:

- for medicines supplied in bulk – one label and leaflet per 28 tablets or capsules, or the smallest likely dispensed quantity
- for patient packs containing up to one month's supply at minimum daily dose – one additional label and leaflet
- for patient packs containing more than one month's supply at minimum daily dose – one spare leaflet and label per 28 days or smallest likely dispensed quantity
- supplementary labels and leaflets must be provided in all cases on request within a reasonable period, that is, within 24 hours.

The requirements would apply to all licensed medicines including parallel imports. Manufacturers would have to set up 'hotline' arrangements to ensure that spares were delivered to pharmacists within 24 hours. Pharmacists would have to introduce controls to ensure that the leaflets and labels were kept securely and to ensure that the right labels were attached.

If the Government decides to pursue the rounding proposals, the MCA will consider the possibility of not requiring additional leaflets and labels where there is a standard pattern of prescribing and little need to dispense in other quantities, as with some medicines for chronic treatment.

An exemption is proposed for special containers such as creams and injections which are not usually split.

The MCA is inviting comments on the proposals which should be with James Copping, Room 1018, MCA, Market Towers, 1 Nine Elms Lane, London SW8 5NQ, by October 23.

The MCA's approval of leaflets and labels, to bring them into line with Directive 92/97/EEC, will be complete by January 1, 1999. The date for implementing the amendment to the Marketing Authorisation Regulations will be decided once ministers have considered the issues raised.

Stephen Axon, the Pharmaceutical Services Negotiating Committee's general secretary, told *C&D* this week: "I'm concerned that we've moved to a situation of patient packs without patient pack dispensing." Patient packs would be available, but pharmacists would still be splitting them and giving out leaflets. The continuation of bulk prescribing would cause problems and there would be considerable extra work for pharmacists. Wastage would result from inconsistent drug regimens if bulk prescribing was mixed with patient packs on the same prescription, and the statements on "minimum daily dose" were too vague.

The proposals were to be discussed by PSNC after *C&D* went to press, but he thought the committee would have no problems with rounding.

The Association of the British Pharmaceutical Industry's head of media relations, Richard Ley, said: "We're still strongly of the view that the only proper way forward is to provide leaflets in the manufacturer's original patient packs." It would be a "recipe for disaster" for pharmacists to have to match hundreds of leaflets on their shelves with the right medicine.

APS/Berk's Andrew Kay, vice-chairman of the British Generic Manufacturers' Association, thought that rounding would produce savings by improving the match between dispensing and packs. But proposals for issuing spare leaflets and labels were impractical and would be more expensive than patient packs.

RPSGB launches audit templates on Internet site

Pharmacists can now access 30 pharmacy audit templates via the Internet.

Launched this week on the Royal Pharmaceutical Society's web site, the templates explain how to audit an area of practice and include suggestions on collecting and recording data. Among the subjects covered are asthma, patient counselling and patient medication records.

The templates are the first of several initiatives being rolled out by the Society relating to audit. A draft form for a series of distance learning audits is also on the site, with further initiatives expected within a few months.

The new web pages aim to counter the "considerable disadvantage" community pharmacists have by being denied access to local audit support, says the Society's audit development fellow David Pruce.

"Doctors and nurses in primary care are given support to conduct audits by the Primary Care Audit Group ... community pharmacists find it difficult to access the local audit expertise and resources that are available to other professionals."

Pharmacists with access to the Internet will find the templates at: *www.rpsgb.org.uk/audhome.htm*.

They will require a copy of Adobe's Acrobat Reader, which can be downloaded free of charge.

Non-prescription guide published

'Non-prescription Medicines' has been published as a guide to over-the-counter medicines for primary health care professionals.

Written by Alan Nathan, lecturer in community pharmacy at King's College, it covers all OTC treatment categories. There are sections on causes, treatment, product selection points and recommendations.

"The aim of this book is to help pharmacists and other healthcare professionals to make well-informed recommendations and to give patients sound advice on non-prescription medicines," says Alan Nathan.

'Non-prescription Medicines', 392pp, (ISBN 085369 384 6). £19.95. Pharmaceutical Press.

CHEMEX '98 Stop press

Chemex '98 takes place on Sunday and Monday at Olympia in London. Can you afford not to be there?

There is still last minute news breaking of special exhibition only offers. Computer supplier Pro-Choice Applications is offering pharmacists £500 cash back on their old computer or £500 off a new system if they sign up with PCA system. The offer is only open to *C&D* readers attending Chemex on Sunday or Monday.

The PCA system includes diagnostic testing software, PMRs, a CPD package, EPoS, 'Traveller' software and PCA's touch screen health information system.

Ceuta Healthcare is emphasising its support for community pharmacy, so if you want additional copies of the 'Consult your pharmacist' poster carried in last week's issue of *C&D*, visit stand V8 in the OTC Village.

Eastern Pharmaceuticals is relaunching the brands it acquired from Novartis earlier this year – Cepton, Librofem, Nupercainal, and Hemocane – at Chemex. There will be special 'show only' deals available.

And if you want another reason to come to London this weekend, don't forget it is the London Heritage Open Days. The Royal Pharmaceutical Society is opening its doors on Saturday and Sunday – phone 0171 735 9141 ext 354 for details.

NPA issues medicines management document

The National Pharmaceutical Association is to issue a strategy document calling for a formal medication management system.

Due out on September 18, it is aimed at meeting the needs of vulnerable people and highlights the problems faced by frail, elderly and mentally ill patients who may have problems taking their medicines appropriately.

"Medication management is an ideal issue for joint working between health and social care, and the time is right to launch a national policy initiative," says the NPA. However, it points out "action at a local level will not occur unless the issue is raised at a national level".

More details will follow next week.

Zest for pharmacy awards

Consumer magazine *Zest* is looking for pharmacists worthy of an award.

The health magazine is holding the first 'Zest for Life' awards this autumn. It wants to raise public recognition of healthcare services and one of the categories will be for pharmacy services.

Nominations are being sought which explain why a pharmacy is worthy of the award. Factors which could be included in the nomination (about 800 words required) include how technology is being used, new areas of pharmacy service, such as training in complementary medicine, a pioneering shop layout or an innovative personalised service. Relevant supporting literature may be included.

"Zest felt it was time to recognise and reward people and products that have made a significant contribution to health and wellbeing," says Zest's Saskia Osmond-Evans. "The pharmacy has always played an important part in the community and that is why *Zest* magazine is looking for nominations from the multiples and independents for the 'Pharmacy service of the year' award. This is a call for all pharmacists to give themselves a pat on the back."

Submissions should be sent to: Zest for Life Awards, *Zest*, 72 Broadwick Street, London W1V 2BP by October 12. Entry forms are available from Helen Galbraith on 0171 439 5076.

Safeguards against fraud inadequate in N Ireland

Controls to safeguard expenditure on medical services "do not provide an acceptable level of assurance against fraudulent claims", the Northern Ireland Audit Office has concluded.

It is concerned that the present arrangements for detecting fraudulent claims are relatively weak. In 1996-97, the potential loss through non-payment of prescription charges amounted to £3.9 million.

However, this may understate the level of abuse as the system used by the Central Services Agency to calculate this only includes cases where patients admit to defrauding the system and repay the money, says the NAOI.

The CSA is also criticised over its internal audit which "could provide little assurance that claims by practitioners for services provided and exemption from payment claims by patients were appropriately verified".

It was evident to the internal audit that "all four family practitioner service payment systems remain constantly open to abuse by dishonest practitioners and members of the public".

Further criticism is made that the CSA internal audit did not clearly establish its status and responsibilities for monitoring and investigating the health boards. This led to misunderstandings between the CSA and the boards.

One area of risk identified in the report relates to the Province's population size. Although in 1996-97 the number of people registered on GP lists was 1.74 million, the latest figures for Northern Ireland put the population at 1.66m. A policy meaning that no prosecutions have ever taken place over fraudulent exemption claims came as a result of advice from the director of public prosecutions.

In 1996-97 payments to family practitioners – GPs, dentists, community pharmacists and opticians – totalled nearly £331m. Over 20m prescription items were dispensed, but with 95 per cent claiming exemption, only £7m was collected from prescription charges.

"The sheer volume of claims submitted for payment presents an inherent risk to good control," says the NAOI.

'Controls to prevent and detect fraud in family practitioner service payments' (ISBN 010 251 898X). Northern Ireland Health and Personal Social Services, £10.85, HMSO.

Clarification of analgesic sales

Pharmacists selling up to 100 aspirin and paracetamol under the new regulations introduced this week must offer multiples of existing OTC packs.

They can sell three packs of 32 or a pack of 32 plus 16 without having to record the sale. But they cannot dispense more than 32 from bulk as this would require a prescription.

The Royal Pharmaceutical Society is leaving it to pharmacists to decide on the 'justifiable circumstances' in which they supply up to 100. The only guidance is a recent statement: "Pharmacists must use their own professional judgement ... The Society's inspectors will not generally challenge any sales made following a protocol formulated for the sale of multiple packs. If, however, it becomes obvious that a pharmacist had abused his discretion to make multiple sales ... the matter could be referred to Council."

Nurses call for larger prescribing formulary

Nurse prescribers are calling for an extension to their formulary, while supporting a link between prescribing rights and specialist practice.

In a week when Royal College of Nursing chairman Christine Hancock predicted nurse prescribing will become the "linchpin of a primary care-led NHS", (see p22), a colleague has said: "It would be crazy not to expand the current nurse formulary."

Speaking at a PM Society seminar last week, RCN primary care policy adviser Mark Jones challenged the Prime Minister: "How can Mr Blair speak of introducing the 'supernurse' when even today expert nurses are denied access to essential rights such as the ability to prescribe?"

Nurses are expected to prescribe from a formulary that is 15 years out of date, he said. A modern formulary is needed "which contains the many items which today's nurses can already exhibit the expertise to prescribe".

Mr Jones urged the Department of Health to publish the second Crown Report, expected to be with the Health Secretary within the next few weeks, as soon as possible. "We have waited too long for Crown to have the report stalled prior to publication for no logical reason other than it might challenge the status quo," he said.

Nurses hope Crown will recognise the link between prescribing rights and specialist practice and will suggest that specialist nurses should be able to make prescribing decisions in concert with medical colleagues who would retain responsibility for diagnosis.

NHSE putting boot into appliance agency schemes

The NHS Executive may be looking to end schemes run by appliance contractors which may increase NHS costs without an improvement in service.

A draft circular from the Pharmacy and Prescribing Branch says that officials are to review remuneration and related arrangements for appliance contractors. The review will also look at the consequential issues for pharmacy contractors, with the aim of publishing a consultation document by the end of the year.

The circular highlights 'agency arrangements' whereby pharmacy contractors act as agents of appliance contractors "solely to benefit" from the different remuneration arrangements.

"These agreements appear to increase NHS costs without altering the service provided," says the draft circular. "The consultation document is likely to propose ways of ending such arrangements," it says.

Currently there are about 180 appliance contractors in England providing services under the NHS (Pharmaceutical Services) Regulations. Appliance contractors are principally remunerated by an 'on-cost' system, based on a percentage of the price of the dispensed items. Pharmacy contractors receive a set dispensing fee regardless of item cost.

The NHSE is proposing to review this as the two methods of remuneration "differ very markedly, with the result that the fees paid to the two types of contractor for each appliance dispensed vary considerably". The review will also look at appliance contractor remuneration and related issues such as terms of service and reimbursement.

The NHSE will convene a small advisory group comprising representatives of appliance contractors, health authorities, stoma care nurses, pharmacy, prescriber and patient groups.

Pharmaceutical Services Negotiating Committee secretary Stephen Axon confirmed on Tuesday that PSNC was part of the working group that will hold its first meeting on October 6. He was unable to disclose the content of the discussions, but said PSNC's view of the disparity in payments "is that it is unacceptable".

In July, the Prescription Pricing Authority Fraud Investigation Unit (FIU) confirmed it was considering looking at agency schemes (*C&D* July 25, p4). One concern raised then was that pharmacists were receiving an agency fee of up to 20 per cent of the 25 per cent on-cost fee appliance contractors are reimbursed, a cost to the NHS of £5 million per year. It was also proposing to look into appliance contractors owning pharmacies.

Solicitors Charles Russell, which regularly acts for PSNC and the NPA, commented in its pharmacy bulletin that there was nothing illegal about agreements between pharmacists and appliance contractors and questioned the need for the FIU to become involved (*C&D* last week, p6).

Pharmacist's £££ saving ideas

A pharmacist, whose intervention saved his local GP £24,000 per year, has written to Health Secretary Frank Dobson proposing pharmacists should receive a payment for deleting unnecessary items from prescriptions.

Brian Hopkins, proprietor of R A Hopkins Ltd, Luton, contacted GP Dr Ian Hill-Smith after receiving a prescription for an apomorphine disposable pen injector system. Mr Hopkins realised that the disposable pens cost over £3,000 for a month's supply, while the previously dispensed ampoules cost only about £1,000.

The GP concerned decided the extra cost was not justifiable and prescribed the ampoules instead. He was sufficiently shocked to write to the *British Medical Journal* (August 29) about the cost of the injection.

Britannia Pharmaceuticals' marketing manager, Leonard Cretny has pointed out that this is an unusually high dose and the average treatment cost with the pens is considerably less. Of 1,000 patients on apomorphine treatment, 350 use the pen device .

Mr Hopkins has also written to the NHSE's community pharmacy team, set up to collect responses for Mr Dobson's review of pharmacy's role. He highlighted the fact that he deletes about 20 unnecessary items from prescriptions each month, saving the NHS money, but reducing his own profits.

He cites the example of a prescription received for 200x5 swabs (costing £40), but after discussion with the patient, only 200 were dispensed, saving £32. Mr Hopkins says: "I should post this prescription back to the GP with an SAE and persuade her to amend the wording as the PPA does not allow me to alter a prescription. It would have been a lot less work and cheaper to dispense the original prescription."

BMA chairman to get pharmacist's advice

The chairman of the British Medical Association, Dr Ian Bogle, revealed last week that there will soon be a pharmacist working at his surgery in Liverpool.

Interviews are underway for a practice pharmacist in an initiative jointly funded by the local health authority and the National Prescribing Centre.

Dr Bogle, a third generation GP, works in a seven doctor practice in Liverpool. The practice is soon to move, and the community pharmacy nearby will also relocate into new premises adjacent to, but separate from, the new surgery, he said.

Pfizer holds out on Viagra price despite FP10 ban

The Department of Health's aim to reduce the cost of Viagra (sildenafil) by temporarily banning it from NHS prescriptions may not work. Manufacturer Pfizer has indicated it is not prepared to drop the price lower than £4.84 for a 50mg tablet.

Health Secretary Frank Dobson said on Tuesday he would be using the temporary ban to put pressure on Pfizer to reduce the price of the drug. However, it emerged that the DoH has agreed a price with the company, which is much lower than existing treatments, says Pfizer. Viagra will be available in UK pharmacies from September 23.

DoH officials are looking into the possibility of including Viagra under NHS fertility treatment so it can be prescribed to young people, but that could preclude pensioners from receiving it on the NHS to boost their sexual performance in old age.

"No-one can complain. I am taking responsibility for the decision," said Mr Dobson. "I am not issuing vague guidance to health authorities. I expect we shall be issuing guidance which will say it should be available to people who have had accidents or suffer physical conditions.

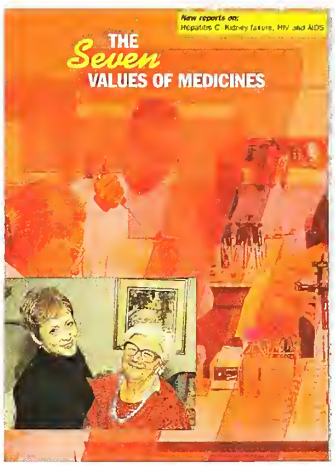
"My own feeling is most people in this country do not feel we should finance it from the health service as a sort of recreational drug."

But Mr Dobson hinted that the government will drop the idea of forcing patients to seek treatment on the NHS through consultant urologist referrals on the grounds that it would have added to waiting lists, possibly blocking help for cancer sufferers.

Ken Moran, Pfizer Ltd's chairman, warned that patients would suffer from the delay in Viagra's availability. "Viagra is a breakthrough treatment for erectile dysfunction, a serious medical condition which can cause anxiety and depression, and often leads to the breakdown of relationships," he said. "We invite the medical profession to join us in urging the Government to make a speedy decision on the availability of Viagra on the NHS."

Pfizer has dismissed reports that Viagra could add £1 billion to the NHS budget. A more realistic estimate is about £50m after five years, says Pfizer, concurring with information issued by the National Prescribing Centre. The NPC estimated a cost of around £100m, based on a tablet cost of £10. This assumes that around 2.5 million impotent men will demand the drug, but Pfizer argues that only a small percentage of men seek treatment.

● The Association of the British Pharmaceutical Industry believes Viagra could turn out to be another drug that appears expensive at first but proves to be cost-effective when used properly. This week, the ABPI launched three booklets looking at hepatitis C, kidney failure and HIV/AIDS, where new medicines, initially said to be too expensive for the NHS, saved money by keeping people out of hospital.



POM to P, P to GSL and back to POM ...

Various changes to the legal status of GSL, P and POM medicines came into effect on September 16.

Potassium chloride has become GSL when used in a maximum strength of 0.15 per cent for the treatment of acute diarrhoea. The GSL maximum strength of benzocaine was increased to 3 per cent, when used externally in adults and children aged 12 and over in non-ophthalmic preparations. The maximum strength for lignocaine as a GSL for external, non-opthalmic use increased to 2 per cent. Phenolphthalein is deleted from the list as it became POM earlier this year.

Bugleweed has been added to table A, schedule 1, and lauromacrogols to table B. These changes were made under the Medicines (Products other than veterinary drugs) (General Sale List) Amendment Order (SI No 2170; Stationery Office £1.10).

As expected, the maximum strength of aspirin tablets or capsules that may be sold without prescription has been increased from 325mg to 500mg. This is one of several changes made under the Prescription Only Medicines (Human use) Amendment (No 3) Order 1998 (SI No 2081; Stationery Office £1.55). The Order made the following POM: oral astemizole for the treatment of hay fever; liquid-filled capsules of diphenhydramine hydrochloride; hydrocyanic acid; nilutamide; phytomenadione other than in the prevention or treatment of haemorrhagic disorders; strychnine nitrate; sulfabenzamide. Phytomenadione has been added to the list of substances that may be sold or supplied by registered midwives.

Non-effervescent tablets and capsules of aloxiprin became POM except for strengths of 620mg and below packed in containers of no more than 32, with no more than 100 sold at any one time. Ibuprofen lysine is now POM with an exemption for Pharmacy sale at doses of up to 400mg (600mg for prolonged release preparations) and maximum daily dose 1,200mg.

Levocabastine hydrochloride is POM but nasal sprays of up to 10ml and eye drops of up to 4ml of maximum strength 0.05 per cent are P for the symptomatic treatment of seasonal allergic rhinitis/conjunctivitis.

Nedocromil sodium eye drops became P at a maximum strength of 2 per cent in a 3ml container for the prevention, relief and treatment of seasonal and perennial allergic conjunctivitis.

Indications for Pharmacy sale of felbinac are changed to "the relief of rheumatic pain, pain of non-serious arthritic conditions and soft tissue injuries such as sprains, strains and contusions". Beclomethasone dipropionate, budesonide and flunisolide must be sold as P medicines only for use in people aged 18 and over, for a maximum three months. Ketoconazole is P at a maximum strength of 2 per cent in external preparations to treat tinea cruris, tinea pedis and candidal intertrigo.

Regulations amend the emergency supply rules to enable pharmacists to supply more than five days' of insulin when such packs are only available.

Mepivacaine hydrochloride can be administered by registered chiropodists certified as competent in analgesic use.

INDUSTRY VIEWPOINT

Which side of the brain is best for brands?

At university, pharmacists receive predominantly 'left-brained' training that is logical and analytical. They are taught to worship at the 'altar of the double-blind trial' and to look for proof for everything.

Now in retail, when the sales rep presents a new brand, pharmacists say: "What is in it, and can you prove it works?" And there is nothing wrong with that.

The problem is that most brands, and indeed some alternative treatments, are not 'left-brained'. Brands often have 'touchy-feely', right-brained values that are as much in the minds of the consumer as they are in the active ingredient, or lack of active ingredient.

Hence, some successful new brands are based on what might be considered out-of-date or old-fashioned actives, where the consumer 'buys in' to the right-brained advertising.

> "At the end of the season, when the cold and flu does not appear, pharmacists can repent at leisure"

So where does this leave the great 'winter sell-in' of medicines, that happens every year? This is where some manufacturers try and get pharmacists to recommend their brands to consumers by stuffing them as full of stock as possible.

Consumer wants, and brand values, go out of the window to be replaced by PORs and '18 as 12s'. Then, at the end of the season, when the cold and flu does not appear, pharmacists can repent at leisure and use the mountain of stock as a table in the tea room until next year.

The enlightened manufacturer has consumer-focused, new approaches that reward pharmacists' support at the end of the season. Pharmacists and manufacturers should work together to use the synergistic effect of brand advertising and recommendation to deliver to the consumer the product that they would prefer and which is appropriate to their needs. Satisfying the 'right-brain' requirements delivers 'left-brain' profit in the till.

Written by a senior industry manager

Xrayser

Topical Reflections

Bury professional rivalries with a common degree

Tony Blair's announcement that a new tier of practising nurse consultants is to be established may be seen as a political ploy, but it is also a recognition that nurses are continuing to develop more complex areas of expertise. However, this development has also been paralleled in pharmacy and many other health professions such as osteopathy, physiotherapy and chiropody.

Virtually all the mainstream health professions are now graduate entry, but as they match their separate professional ambitions to their academic advancement, they increasingly conflict with each other's traditional areas of practice.

The lines of professional demarcation are becoming ever more blurred, and raising the career status of nurses, or any of the other health professions, can only serve to increase these areas of professional conflict.

A spiral of professional competition cannot be helpful to the establishment of an integrated health service, so perhaps now is the time to think the unthinkable. Rather than tinkering with the structure and functions of individual professions, perhaps Mr Blair should suggest that Mr Dobson takes the lead and introduces common entry and registration for everyone?

The universities and professional bodies will scream betrayal, but a universal medical sciences degree with postgraduate specialisation must now be the way forward.

The NHS will only function at its most efficient when all its constituent specialities are working to the same agenda, and that will only happen when they are all equal in the eyes of their registering authority.

Failed by the PIL?

A regular customer recently asked me for a medicine to help congestion and headache following a cold. I knew he had mild hypertension, but, as he was not under medication, I considered that Lemsip Powercaps would be a suitable long-acting formulation for symptomatic relief.

The next day the same customer returned with the Powercaps unused and requested a refund. "It says on the leaflet 'do not take if you have hypertension'. I went into another pharmacy and they suggested Nurofen Cold & Flu, and they have really worked!"

I know I should have remembered the extensive patient leaflet in Powercaps and its specific contra-indications, nevertheless here were two preparations containing identical ingredients, but where the leaflets provided totally different information. Powercaps is almost overly comprehensive, while that for Nurofen Cold & Flu is sparse in the extreme.

No amount of explanation could convince this customer that taking Powercaps would not result in his instant demise, and he also appeared to believe that the leaflet omission was my fault! However, it is also unacceptable to know that I could have recommended Nurofen Cold & Flu, or Sudafed Co (which has no leaflet at all), thereby avoiding any embarrassing repercussions.

Survival of the fittest

Business in Focus (*C&D* September 12, p21) raised a number of issues vital for the future of so many community pharmacies, all of whom can identify themselves with the problems facing Mr M.

It cannot be in the interest of the profession to compete by offering free collection and delivery services, or to extend hours of opening in a vain attempt to capture the last midnight drunk. It is also counterproductive to glare over the garden wall at our competitors while offering sheer personality as the only futile alternative to superstore competition.

The reality is that many pharmacies are retail anachronisms only kept alive by the short-term manipulation of an equally anachronistic NHS contract. Co-location may be a buzz word, but even though its achievement may produce an individually satisfactory outcome, it may also sound the death knell for another colleague's livelihood.

The problem of too many pharmacies serving the pharmaceutical care needs of too few customers can either be solved by co-operative amalgamation and co-location or by simple survival of the fittest.

The third option – of honourable compensation for release of contract – has been repeatedly ruled out, so for many like Mr M the choices are as stark as the result is inevitable.

Script specials

Viagra on the market

The long-awaited male impotence pill, Viagra, has finally been approved in the UK, although its supply will initially be restricted to private prescriptions (see this week's News p6).

Viagra (sildenafil 50mg) is considered a breakthrough in treating erectile dysfunction because it uses the convenient and more acceptable oral route rather than intracavernous injection or intraurethral administration.

Sildenafil works by helping impotent men respond naturally to sexual stimulation by enhancing the blood flow to the penis. The drug does this by selectively blocking the enzyme phosphodiesterase type 5, which in turn causes accumulation of cyclic guanosine monophosphate and dilation of blood vessels. Sildenafil is not an aphrodisiac and does not enhance libido. It is not for use in women, although clinical trials are underway.

The drug works regardless of the underlying cause of erectile dysfunction. Men with impotence associated with hypertension, diabetes, depression, spinal cord injury and prostate surgery all experienced improved erections in trials. Response rates were around eight in ten for men without established risk factors and in men with spinal cord injuries, to around five to six in ten for men with diabetes, and about four to five in ten for men following prostate cancer surgery.

The dose is 50mg sildenafil (25mg for elderly men) to be taken one hour before sexual activity, but doses can be adjusted to a maximum of 100mg. No more than one tablet should be taken in any 24 hours. Trials have shown a response to sexual stimulation as early as 25 minutes and as late as four hours after administration.

The drug is contra-indicated in patients on nitrates as the combination could cause a significant drop in blood pressure. It should not be used in patients where sexual activity is not advised, eg severe cardiovascular disorders. Other contra-indications include severe hepatic impairment, hypotension, stroke or myocardial infarction and degenerative retinal disorders.

Co-administration with amlodipine was associated with a small, additional reduction in blood pressure. When combined with inhibitors of CYP3A4 (eg ketoconazole, erythromycin or cimetidine), a starting dose of 25mg should be considered.

Side effects are generally mild and transient and include facial flushing, headaches and indigestion. Altered vision characterised by colour tinge or light sensitivity was experienced by 3 per cent of patients in tests. Priapism (prolonged erection) was not reported in clinical studies, but post-marketing surveillance has reported some cases.

Viagra will be available in three strengths: 25mg (4 tablets, basic NHS price £16.59; 8, £33.19), 50mg (4, £19.34; 8, £38.67) and 100mg (4, £23.50; 8, £46.99). Viagra is available from September 23.

Pfizer Ltd. Tel: 01304 616161.

Kliovance offers low-dose period-free HRT

Kliovance, from Novo Nordisk, is the UK's first low-dose continuous combined hormone replacement therapy, developed to control menopausal symptoms without the problem of a monthly bleed.

Kliovance contains oestradiol 1mg and norethisterone 0.5mg in each tablet. It is intended for women with an intact uterus who are more than one year past the menopause. The dose is one tablet daily at the same time each day. If the response is insufficient after three months, women should be switched to a higher dose combination product. Novo also makes Kliofem, which contains double the strength of hormones found in Kliovance.

This optimal dose has been achieved through an extensive series of clinical studies, which found that 1mg oestradiol reduced symptoms to almost the same extent as 2mg. Meanwhile, the addition of 0.5mg norethisterone significantly reduced hot flushes and helped protect the endometrium against hyperplasia and breakthrough bleeding. In one study almost half of women had no bleed with 73 per cent being bleed-free at two months rising to 90 per cent at the end of the 12-month period. Breast tenderness was also minimised with the low-dose combination therapy.

Kliovance comes in calendar dial packs of 28 tablets, basic NHS price of £8.65.

Novo Nordisk Pharmaceuticals Ltd. Tel: 01293 613555.

MEDICAL MATTERS

UniChem teams up with Crocus bowel cancer charity

UniChem has joined forces with The Crocus Trust to raise awareness of bowel cancer, the UK's second biggest cancer killer after lung cancer.

The Crocus Trust has chosen the slogan 'Don't Sit on your Symptoms' for its campaign in a bid to help overcome embarrassment about the problem. UniChem is helping distribute posters and 1.3 million consumer leaflets about the disease to its pharmacy customers and GP surgeries. UniChem also plans to issue training material to pharmacists to help them identify symptoms of the disease and refer appropriately for early diagnosis.

The Department of Health has launched its own £2.5m pilot screening scheme for assessing 'at risk' patients. The scheme will target people aged 50-69, who will undertake faecal occult tests in the privacy of their own home and then send the samples to a named laboratory for testing. The pilots will run for two to three years and involve one million people.

Minister for Public Health Tessa Jowell has given her support to the scheme.

The Crocus Trust can be reached on 0181 744 2288. The DoH is also providing copies of the leaflets free of charge on freephone 0800 555777.

IN BRIEF

Temgesic responsibility

Schering-Plough hos licensed Temgesic (buprenorphine) from Reckitt & Colmon ond token over responsibility for orders ond product informotion.

Schering-Plough. Tel: 01707 363636.

Anabact transfer

The morketing ond distribution of Anoboct (metronidozole gel 0.75 per cent w/w) will be tronsferring from Asto Medico to Bioglon from October 1.

Bioglon. Tel: 01462 438444.

Condrotec combination

Condrotec is new treotment for rheumotoid orthritis, osteoorthritis ond onkylosing spondylitis which combines noproxen 500mg with 200mg misoprostol. The dose is one toblet twice doily, token with food. Condrotec comes in 60-toblet pocks (bosic NHS price £17.59).

Seorle. Tel: 01494 521124.

Hollister InstantCath

A new design cotheter for intermittent self-cotheterisotion hos been lounched by Hollister ond will be ovoiloble on the Drug Toriff from October 1. InstontCoth does not need woter to octivote the cooting. This reduces the risk of urinory troct infections ond meons thot the potient con use it wherever ond whenever they wont.

Hollister. Tel: 0118 989 5000.

NeoRecormon pre-filled syringes

NeoRecormon (epoetin beto) Solution for Injection will be ovoiloble in pre-filled syringes from September 28. The colour-coded syringes come in pocks of six in the following strengths: 500iu (6, £26.33), 1000iu (6, £52.65), 2000iu (6, £105.30), 3000iu (6, £157.95), 5000iu (6, £263.25) ond 10000 (6, £526.30).

Roche Products. Tel: 01707 366000.

DDSA amoxycillin capsules

DDSA hos lounched its own brond omoxycillin 250mg copsules in 21-copsule pocks (trode price £0.67). The compony plons to follow this with omoxycillin 500mg copsules (21, trode price £0.82) within the next few weeks.

DDSA Phormoceuticols. Tel: 0171 373 7884.

When your customers have a *©★!#!

MIGRAINE

or *©★!#!

BACK PAIN

or *©★!#!

PERIOD PAIN

or *©★!#!

DENTAL PAIN

you need to use strong language

More customers are finding that for strong pain - from migraine to dental pain - Paramol can make the difference.

Combining the trusted pain relief of paracetamol with the added power of dihydrocodeine, Paramol provides your customers with highly effective pain relief - and a highly profitable recommendation for you.

So make sure you ask your Seton Healthcare representative about our strong deals.

Seton Healthcare Group plc

oduct Information. Presentation: Each white tablet engraved PARAMOL contains 500mg Paracetamol BP and 7.46mg Dihydrocodeine Tartrate BP. **Indications:** For the treatment of mild to moderate pain, including headache, igraine, feverish conditions, period pains, toothache and other dental pain, backache and other muscular pains, and also as an anti-pyretic. **Dosage and Administration:** PARAMOL Tablets should, if possible, be taken during or ter meals. *Adults and Children over 12 years:* 1 or 2 tablets every four to six hours. Do not exceed 8 tablets in any 24 hour period. *Children under 12 years:* Not recommended. *The Elderly:* Caution should be observed in increasing e dose in the elderly. **Contraindications:** Hypersensitivity to paracetamol or any of the other constituents. Respiratory depression, obstructed airways disease. **Other special warnings and precautions:** PARAMOL tablets should given with caution to patients with allergic disorders and should not be given during an attack of hepatic disease. An overdose can cause hepatic necrosis. Care is advised in the administration of paracetamol to patients with vere renal or hepatic impairment. The hazard of overdose is greater in those with non-cirrhotic alcoholic liver disease. *Do not exceed the recommended dose.* Patients should be advised not to take other paracetamol containing oducts concurrently. *Use in pregnancy and lactation:* Studies in human pregnancy have shown no ill effects due to paracetamol used in the recommended dosage, but patients should take their doctor's advice before use. **teractions:** Metoclopramide, Domperidone, Cholestyramine, Warfarin and other coumarins. Alcohol. Available published data does not contraindicate breast-feeding. **Other undesirable effects:** Adverse effects of paracetamol e rare, but hypersensitivity including rashes may occur. Constipation, if it occurs, is readily treated with a mild laxative. Nausea, vertigo, headache and giddiness may occur in a few patients. If symptoms persist, consult your doctor ep out of reach of children. **Overdosage:** Contains paracetamol. In case of suspected overdose, patients should be admitted to hospital urgently and medical attention sought immediately. **Legal Category:** P. **Package uantities and RSP:** 12's £2.25; 24's £3.89; 32's £4.45. **PL Number:** 11314/0050. **PL Holder:** Seton Products Ltd, Oldham. **Date of Preparation:** June 1998. Further information is available on request from the Licence Holder. PARAMOL a Registered Trade Mark.

Counterpoints

Stafford-Miller settles on capsules for wind

Stafford-Miller is launching Setlers Wind-eze Gel-caps – capsules for the relief of trapped wind.

The launch will be supported by £2 million of national television advertising that will run from now until Christmas. The promotional support is intended to ensure that patients are aware of the differences between acid indigestion and trapped wind, and their causes and treatments.

The capsules, available from October 1, contain liquid simethicone 125mg (activated dimethicone), and retail at £3.49 for 20. They are claimed to be easier to swallow than the existing tablet formulation.

Research has shown that, although almost one in three British people suffer from trapped wind (Taylor Nelson research, November 1995), the majority do not take a remedy designed specifically for their problem (Nielsen data May/June 1998).

PoS material available includes a giant window display box, shelf barkers and consumer leaflets.

Stafford-Miller estimates the wind remedy market to be worth £5 million, but believes it has the potential to increase to £15 million.

Stafford-Miller Ltd.
Tel: 01707 331001.

Vivioptal supplements hit Britain

Vivioptal, Europe's and Ireland's long-established multivitamin and multimineral supplement, will finally be available in Britain from October.

Vivioptal, which carries a Pharmacy licence, contains 28 vitamins and minerals aimed at helping prevent deficiency in cases where intake and absorption are compromised, eg in convalescence, diet restrictions and stress. The dose for adults and children over 14 years old is one capsule daily.

Vivioptal will be available in packs of 30 and 90 capsules (retailing at £9.49 and £23.99 respectively).

Nucare Consumer Health is responsible for promotion and distribution, providing up to 52 per cent PoR, as well as PoS material.

Nucare plc.
Tel: 0181 515 9800.

Eastern repacks OTC acquisitions

Eastern Pharmaceuticals is re-launching five products which it has acquired this year from Novartis.

The five products are Cepton skin wash and lotion, Librofem tablets, Nupercainal ointment, and Hemocane cream. All will be launched at Chemex '98 with special deals available.

Eastern Pharmaceuticals.
Tel: 0181 569 8174.

Footzone takes its first step

Footzone is launching a new footcare range that has been designed, and is used, by state registered chiropodists.

Products include bunion guards, toe guards, toe foam and ball of foot cushions. Prices range from £1.09 for six toe guards to £2.99 for two metatarsal arch supports.

Footzone Ltd.
Tel: 01294 605522.

Dendron sponsors back pain leaflet

Dendron is sponsoring a back pain leaflet and poster as part of an initiative for its Ibuleve brand.

Providing practical advice on back pain, the leaflet and poster will be issued by the Chartered Society of Physiotherapy during National Back Pain Week, which starts on October 5. Free copies are available to pharmacists through the Ibuleve salesforce.

Fifteen thousand leaflets and six thousand posters are also being made available to the Chartered Society of Physiotherapy's members, who practise in GP surgeries, hospitals and clinics.

Dendron Ltd.
Tel: 01923 205706.

Flying high with Floradix promotion

Salus-Haus is running a ten month promotional campaign for Floradix and Floravital vitamin and mineral supplements.

The campaign, on the theme of 'Fly High with Floradix', is part of a £250,000 spend on Salus products. The promotion is supported by advertisements running from now until next June in the health pages of the *Daily Mail*, *Mail On Sunday* and *Daily Express*. Advertisements will also run in health titles including *Top Santé* and *Health and Fitness*.

With orders placed in October, pharmacists can obtain 10 per cent discount, and also obtain free PoS kits containing entry cards for a competition in which first prize is a week's holiday for two in Munich.

The PoS kit also contains customer samples, copies of *Salus News*, posters and display boxes.

Salus products are available from major health food wholesalers such as Brewhurst, Nature's Store and Health Stores Partnership.

Salus (UK) Ltd.
Tel: 01925 825679.

Whitehall's nutritional roadshow

Whitehall Laboratories is holding a series of nationwide roadshows about nutrition for pharmacy assistants, between now and December.

The sessions will be based around a specially produced CD ROM programme and will finish with a look at the current VMS market and the benefits of taking a multimineral multivitamin supplement.

- Whitehall is also promoting its Centrum brand with a television campaign on Sky Sports.

The golfer Lee Westwood is helping to promote the brand and adverts will run during all his tournaments.

Whitehall Laboratories Ltd.
Tel: 01628 669011.

Kleenex UNISEX HUGGIES

HUGGIES Air Dry ULTRA

STOP PRESS

HUGGIES® have changed with the launch of new HUGGIES® Air Dry™ Ultra nappies. This launch represents the biggest single investment by HUGGIES® since the HUGGIES® launch in 1994.

Because new Air Dry™ Ultra are the most absorbent HUGGIES® ever, there's no need for separate boy/girl nappies, so new HUGGIES® will be Unisex.

Marketing Support

The HUGGIES® Air Dry™ Ultra launch will be supported with a £7.5 m marketing support campaign in the first four months after the launch.

This includes:-

- National TV advertising from 28th September
- Local Radio campaign in certain areas
- Mother and Baby press campaign
- Impactful range of instore P.O.S.material
- National promotional launch activity — 'The HUGGIES® Challenge'

The New HUGGIES® range

Lip colour at a stroke

Revlon has developed a new gel based lipstick in its Almay range.

Almay One Coat Lipcolour is formulated to provide creamy colour coverage in one lightweight coat.

The product contains vitamin A, C and E derivatives to provide antioxidant protection and aloe vera to help soothe the lips.

Available in 14 shades, it is formulated to give a high shine finish and resist fading, bleeding and feathering.

The lipstick is hypo-allergenic, fragrance-free and clinically, allergy and dermatologist tested. Retail price is £5.75.

Revlon International Corporation.
Tel: 0171 629 7400.

P&G adds sparkle to classic cosmetic

Procter & Gamble plans to introduce a new shimmer version of its classic Max Factor Pan Stik in November.

The new Shimmer Pan Stik will come in the same swivel-up stick form as its 'sister' product but without any colour pigment.

The shiny pearlescent formulation is designed to give a translucent glitter effect over the face and body.

Suitable for all skin tones, the product will be available in one translucent shade only. It will retail at £7.00.

Procter & Gamble UK.
Tel: 01932 896000.

Irene Gari launches vitamin C skincare

Irene Gari is increasing its cosmetics range to include skincare with the launch of its new vitamin C collection.

The range of six products all contain vitamin C combined with ginseng, gingko and vitamin E.

The products are Face Cream (£5.50 for 45g), Eye Gel (£5.50 for 15g), Serum (£7.95 for 30ml), Anti Wrinkle patch (£3.35 for two), Facial Gel Cream (£7.95 for 42.5g) and Lip Conditioner (£2.90 for 4g).

There is an introductory offer of 15 per cent discount when buying a complete display, which consists of four of each product and six Anti Wrinkle patches.

Visage International Ltd.
Tel: 01206 862762.

Breath of fresh air into teen skincare market

SmithKline Beecham is expanding into the 'skin health' market with the launch of its Oxygen range.

The new products capitalise on the Oxy heritage, but are targeted at 15-19-year-olds who want to move on from traditional spot care preparations to more cosmetically styled products.

The range consists of facial gel wash, deep cleanser, skin refresher (all retailing at £3.99 for 150ml), and two in one exfoliate and cleanse pads (£3.99 for 36).

SmithKline Beecham says that Oxygen is aimed at the 'skin health' market which comes midway between 'medicated skincare' and 'beauty/cosmetic skincare'.

The active ingredient is salicylic acid. They all have cleansing and exfoliating properties, as well as an anti-bacterial agent and an oil-free moisturiser.

The support package will run from September until the New Year, beginning with promotion in the teenage press.

SmithKline Beecham Consumer Healthcare UK. Tel: 0181 560 5151.

Vision floats Dead Sea collection

Vision Brands is launching Zaman, a bath and bodycare home treatment range based on aromatherapy essential oils and minerals.

The essential oils used are citrus, lemon and grapefruit, and the minerals are sourced from the Dead Sea.

The collection comprises Dead Sea body mud, rich body scrub (both £4.99 for 250g), bath and shower gel, hydrating mineral body lotion (both £2.99 for 200ml), and body and bath massage oil (£3.99 for 200ml).

The Zaman range is only available by contacting Vision Brands direct.

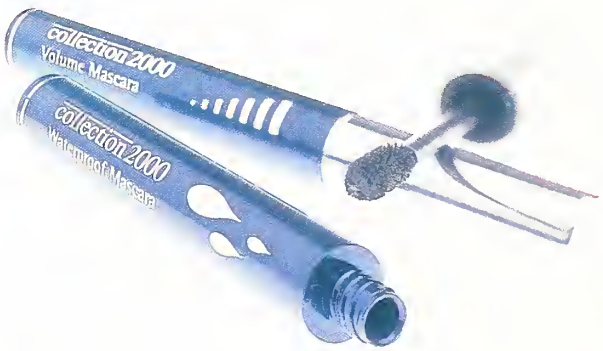
Vision Brands Ltd.
Tel: 0171 839 0909.

Miners hits the road

Miners International has teamed up with Sugar magazine for its Model Competition Roadshow. Scouting for the face of '99, the nationwide roadshow will be staging live makeovers using Miners products.

Miners International Ltd.
Tel: 01264 350379.

Lashings of colour for Collection 2000's mascara



Collection 2000 is giving lashes a boost with the launch of two new mascaras.

Volume Mascara has an ultra-volumising brush with a special 'wave' to help it pick up the product and a tapered section for more accurate application.

The product contains Provitamin B5 to help strengthen and condition. It is available in black, chestnut, evergreen and indigo blue.

Waterproof Mascara is a long-lasting formula enriched with silk in black or brownish black. The brush has finely-pitched filaments in a close twist for precise delivery and even coverage. Both products retail at £1.99.

Collection 2000 Ltd.
Tel: 01695 50078.

ON TV NEXT WEEK

Aquafresh Flex Direct: All areas except U, C4, GMTV

Hedex: U

Listerine antiseptic mouthwash: GTV, STV, G, A, M, ITV

Macleans Whitening: All areas except LWT, C4, GMTV

Max Factor 3-in-1 complete make-up: All areas

Poli-Grip: All areas except B, CTV, W, C4, GMTV, TSW

Propain: STV, B, G, Y, A, HTV, M, LWT, TT

Solpadeine: GTV, STV, B, G, Y, C, HTV, W, TT

Wella Shock Waves: U, STV, G, C, A, W, M, LWT, C4, C5, Sat

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

MENTHOLATUM

Why is Deep Relief a howling success?

It's unique – and now it's on TV this winter.

UNIQUE DUAL ACTION GEL
IBUPROFEN
MENTHOL

Deep Relief is unique because it's the only topical NSAID with two active painkillers.

And now we'll be highlighting its unique power on TV. Starring Derek the Deep Relief Dog our eye-catching commercial will have your customers panting for Deep Relief.

So if you don't stock up to meet the demand – you must be barking!

DUAL ACTION GEL
DEEP RELIEF™
IBUPROFEN: REDUCES INFLAMMATION, PROVIDES EFFECTIVE, LONG-LASTING PAIN RELIEF
LEVO-MENTHOL: QUICKLY SOOTHES PAIN

Ibuprofen plus levomenthol

IMMEDIATE PAIN RELIEF THAT LASTS FOR HOURS

TRADE CONTACTS: UK – The Jenks Group, Tel 01494 442446 · Northern Ireland – Prima Brands, Tel 01232 814700 · 100g: Eastern Pharmaceuticals Ltd Tel 0181 569 8174

Presentation: Deep Relief is a clear colourless gel containing Ibuprofen Ph Eur 5.0% and Levomenthol Ph Eur 3.0%. Product licence held by the Mentholatum Company Limited, East Kilbride, Scotland. **Indications:** a topical anti-inflammatory and analgesic for the relief of rheumatic pain, muscular aches, pains and swellings such as strains, sprains and sports injuries. **Directions for adults, the elderly and children over 12 years:** Apply gel over affected area and massage gently until absorbed. Repeat as necessary, up to 3 times daily. Not to be repeated more frequently than every 4 hours. **Contra-indications:** Not to be used, if hypersensitive to any of the ingredients or sensitive to aspirin, in patients with renal problems, or by asthmatics in whom aspirin or NSAIDS are known to precipitate asthmatic attacks, rhinitis or urticaria. **Precautions/Warnings:** Not to be used on/near mucous membranes, eyes, or inflamed or broken skin. **Side Effects:** Some skin disorders, application site reactions and rashes may occur including pruritis and urticaria. Abdominal pain and dyspepsia may result. Broncospasm may occur in patients suffering from bronchial asthma or allergenic disease. If any unwanted effects are experienced consult your doctor. Keep all medicines out of the reach of children. Store below 25°C. FOR EXTERNAL USE ONLY. **Legal Category:** GSL/P (PL0189/0027). Packs: 15g (£1.29 RRP), 30g (£3.79 RRP), 50g(£4.89 RRP), 50g Pump Dispenser (£4.99 RRP) and 100g dispensing pack. **Date of Information:** April 1998.

UniChem

Pharmacy Marketing...

UniChem is dedicated to helping the independent pharmacist to put healthcare first.

In an increasingly competitive market, we help you to create a competitive advantage.

We offer:

- **National Advertising -** our "Walk this way" consumer advertising campaign continues to raise awareness of the high standards of service available wherever the UniChem sign appears.
- **Own Brand -** an extensive range of products offering a real value alternative to your customers and a higher profit for you.
- **Database Marketing -** providing marketing support and activity tailored to the individual needs of your pharmacy.
- **Local Demographic Information Consultancy Service -** provides information on your local community, competition and potential customers.
- **In-Pharmacy Health Testing Services -** up to 400 different allergies, osteoporosis risk assessment and other health risks.

And to enable you to focus on the business of Healthcare, we run the Community Pharmacy Initiative, a scheme which provides additional marketing support and business building opportunities.

You count the Profi

You can count on our support

The Community Pharmacy Initiative is a broad ranging marketing programme that provides:

- **Monthly themed POS**
- **Health Testing Services**
- **Professional Signage**
- **Local Advertising**

All activity is designed to reinforce the unique value of independent local pharmacies within their community.

The Community Pharmacy Initiative also offers:
Marketing Credits Award Scheme - accrue points and redeem them against a range of business building goods and services - enabling you to compete in an increasingly competitive world.

Most importantly, it doesn't cost you a penny. Incredible but true!

e'll count the cost

If you want to know more about the range of support services offered by UniChem, or if you wish to join the Community Pharmacy Initiative, call now on 0171 371 0404

UniChem Community

Colgate launches Zig Zag brush

Colgate is launching a new toothbrush called Zig Zag to replace its Duo Action brush.

The design consists of a 'finger grip' handle, contoured bristle system and a tapered diamond-shaped head with a raised tip. The brush comes in a range of bright colours and retails at £1.99.

The Zig Zag toothbrush is aimed at the mid-range premium sector, which Colgate claims is worth £29 million. The company is spending £19m on promoting other products in its range this year.

Colgate-Palmolive Ltd.
Tel: 01483 302222.

ProSport on Sky

Seton Healthcare is planning a television advertising campaign for ProSport to run on the Sky Sports Network from October 1 for two months.

The advertisement's message is 'Whatever your sport, ProSport protects'. It is being timed to coincide with events such as Premier League football matches and England rugby union internationals.

There will also be a campaign running in selected rugby magazines during the same two months.

Seton Healthcare Group plc. Tel: 0161 654 3000.

IN BRIEF

Hot news
Free Fashy hot water bottles are being given away in two promotions on pre-assorted packs of Spectator Sports' best selling water bottles.
Spectator Sports Ltd.
Tel: 01923 247363

Nivea TV sponsorship
Smith & Nephew's Nivea Visage is sponsoring 'Veronica's Closet' on ITV for 13 weeks. This approach is designed to reinforce the brand's imagery of being accessible and fun.
Smith & Nephew Consumer Products Ltd.
Tel: 0121 327 4750.

Wellman campaign
This autumn, Vitabiotics is backing its Wellman men's supplement with 4,000 posters on the London Underground and advertising on 500 London taxi cabs.
Vitabiotics Ltd.
Tel: 0181 963 0999.

Wella takes a flexible hold of the market

Wella is extending its Silvikrin haircare range with three new hairsprays to cater for women who prefer a more flexible hold.

With today's increasing trend for more natural looking hairstyles, Silvikrin Flexible is designed to increase the brand's appeal to a wider target classic audience.

The hairsprays come in three variants to suit different styling requirements - Maximum Hold (pink), Firm Hold (yellow) and Natural Hold (blue). Retail price is £2.25 for 250ml.

The products will be supported by a pre-Christmas advertising campaign that will run from the end of October in key women's interest titles.

● The flexible hairstyling market is currently worth approximately 16 per cent of the total hairspray market (AGB/IRI).

Wella Great Britain.
Tel: 01256 320202.

Braun shapes up with styler launch

Braun is launching a new hair styler this autumn.

The Straight & Shape, which retails at £24.99, will straighten hair, shape the ends with a flick-up or a bob and add lift to the roots.

The styler is powered by gas energy cells, heats up after two minutes and maintains a constant temperature. It has spring-mounted 'flexi heating plates' which makes it easy to move through the hair.

According to Braun, 86 per cent of consumers were highly satisfied with the time it took the styler to straighten hair, compared to 66 per cent satisfaction with their current method.

Braun (UK) Ltd.
Tel: 0870 6085555.

New Cool 'n' Fresh baby wipes

Vernon-Carus has added a new line to its Cool 'n' Fresh range of baby wipes.

The new product is a premium-quality, spun-laced cloth baby wipe which comes in boxes or resealable packs of 80 wipes.

The company has also launched a smaller 40 pack size of the existing Cool 'n' Fresh baby wipes in a revamped pack design.

The full range now includes standard wipes in canisters of 100, thicker, softer wipes in boxes of 40 and 80 plus resealable packs of 80.

Vernon-Carus Ltd.
Tel: 01772 627855.

Confidence in dry skincare launch

Crookes Healthcare will back the launch of its Skin Confidence E45 range for dry and sensitive skin with a £2 million campaign.

Running from November until March '99, the support will include advertising in women's magazines and Sunday supplements with a health bias. TV advertising is planned for next January.

An additional £130,000 will be spent on a marketing programme aimed at healthcare professionals. This will include advertising in the healthcare press, direct mail and sampling to GPs.

Crookes Healthcare Ltd.
Tel: 0115 9539922.

IN BRIEF

National Antifreeze Day
Roche Consumer Health is launching National Antifreeze Day on Saturday, October 24. The initiative is part of a campaign for Redaxan Double Action to encourage people to prepare their bodies for winter in the same way they would their car.
Roche Consumer Health.
Tel: 01707 366000.

Basketball offer
Rayovac has introduced a new on-pack promotion for its Maximum Alkaline and Rechargeable Alkaline batteries. Consumers will be offered the chance to buy an exclusive Michael Jordan 'Wilson' basketball, featuring Jordan's signature, at a reduced price. Special PoS material is available.
Rayovac Europe.
Tel: 0800 220809.

Tops for bottoms
Kimberly-Clark is supporting its new Huggies Air Dry Ultra unisex nappies with a £7.5 million marketing campaign which includes national TV advertising from September 28.
Kimberly-Clark Ltd.
Tel: 01732 594000.

Foresight update
Larkhall Green Farm is relaunching its Foresight vitamin and mineral range for couples who are trying to have a baby. The new brand identity is designed to give the products a more contemporary image in-store.
Ceuta Healthcare.
Tel: 01202 780558.

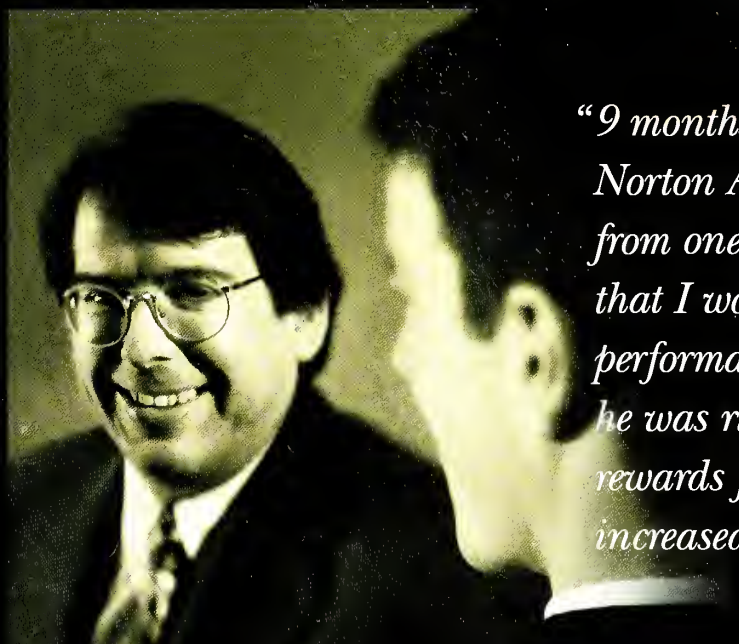
Sanctuary launch
The Sanctuary Day Spa in London's Covent Garden is launching its own bath and bodycare collection in Boots stores on October 17. Retail prices range from £2.99 for Bath Essence (250ml) to £6.95 for Salt Scrub in a 500ml jar. The range is not currently available to independent pharmacies but distribution may be extended in the future.
The Sanctuary Spa Group
Tel: 01494 758619.

Exide adds long life
Exide Batteries has introduced a new long life alkaline battery with a new coating plus increased corrosion resistance, designed for high current applications.
Exide Batteries Ltd.
Tel: 0181 592 4560.

In a flash
Unichem has launched a 24 exposure, reusable 35mm camera with flash. The silver coloured camera retails at £9.99.
Unichem.
Tel: 0181 3912323.

Paul Kelly, Superintendent Pharmacist, Seaton Valley Co-operative Society, Tyne & Wear comments on

the UK's **Nº1 Loyalty Scheme** *for pharmacists*



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Shaping up the groups

The development of primary care groups continues helter-skelter. Mike King, head of professional development and LPC services at the Pharmaceutical Services Negotiating Committee, explains where PCGs have got to

Joseph Lamb

The slow, but sure, formation of primary care groups is now underway. The authority for these PCGs will lie with the health authorities, as the groups will be committees of the HAs.

The function of the groups will be to:

- improve the health of their community
- develop primary care and community services
- advise on, or commission directly, a range of hospital services for patients within their area.

HAs should have submitted proposals to NHSE regional offices on how they would prefer the PCGs to be set up. From the date of the regional office's response, a shadow PCG becomes functional. Agreements should have been made by August 31.

HAs also have to decide on the staffing and resourcing needs of the shadow PCGs and to agree the ground rules for setting up the shadow PCG board.

How they work

Each PCG will establish a governing board that will act as a committee of the HA. The shadow boards must be in place no later than October 31.

GPs and community nurses will be the key players on PCG boards, which, when established, will include four to seven GPs and one to two community or practice nurses.

As committees of the health authority, PCGs will be accountable to the HA. Each group will have a chief officer responsible for formulating an agreed action plan and producing an annual accountability report.

The chief officer is expected to be an HA employee, but appointed by the PCG board. The chief officer will be accountable to the chair of the group (likely to be a GP) who, in turn, will be accountable to the HA chief executive.

As the PCGs gain experience and demonstrate their capability, they will take on more and more responsibility from the HAs.

Value for money

Because PCGs are initially committees of the HA they will operate within the same statutory framework.

The aim of the PCG will be to secure the best value for money in the use of NHS resources. The objectives will be to:

- manage within the resources available
- help primary care professionals to ensure resources are best used to benefit patients
- ensure fairness between practices and patients
- facilitate prudent financial planning and foster delegation of budgets
- offer initiatives for service development or reward good performance (initiatives could take the form of contributions towards professional practice or service development)
- guarantee the existing level of investment in primary care and enhance this when it is consistent with the agreed priorities within the local health improvement programme (HIP).

Within these objectives, the freedom to refer and prescribe remains unchanged.

PCGs will develop primary care investment plans that will cover GMS infrastructure developments and broader primary care developments – which could involve community pharmacy. Around £3 per head will be available to each PCG for management costs, but this will vary according to the level of devolved responsibility.

Agreed programme

By November 30, HAs must have agreed a programme, with the PCG, to be undertaken in the group's first year. It must cover the following areas:

- improving the health and

addressing health inequalities of their population
- developing the quality of services to patients provided by primary care and community services
- developing the commissioning of services
- ensuring each PCG identifies a senior health professional to take responsibility for leading on clinical governance
- involving shadow PCGs in the process of developing HIPs
- delegating responsibilities to PCGs as and when they are willing and able to take on devolved operational and management functions
- considering establishing a local forum involving key stakeholders in discussing the organisational development need of local groups
- co-ordinating the process relating to the establishment of PCGs and abolition of GP fundholding
- ensuring the selection process for posts in PCGs is fair and transparent
- working with PCGs to develop long-term plans for IT investment including linking all practices to the NHS Net.

Pharmacy potential

Members of the PCGs will be able to co-opt other professionals on to the board who have skills in dealing with specific elements of the PCGs' work. The co-opted members will become associate members of the board but will not have the right to vote.

'Health Circular 1998/139', issued in August, flags up further autumn guidance on how PCGs can contribute to the public health role, develop primary care and community health services, and commissioning. These are potentially areas that can involve community pharmacy.

PCGs will have to develop a costed primary care investment plan (PCIP) for 1999-2000 which will cover broader primary care developments. Local pharmaceutical committees should be involved with the development of the PCIP, using it as an opportunity for developing community pharmacy services.

The Department of Health will shortly publish further information on HIPs and the Pharmaceutical Services Negotiating Committee will be issuing additional guidance to LPCs soon after. However, LPCs can now begin working with shadow PCGs on how community pharmacy can be involved in providing pharmacy services within HIPs.

The Government will be developing 'Beacon' health services, which are able to demonstrate high standards of care or the piloting of innovative practice. PSNC will be contributing to this process nationally, but LPCs should consider local projects or services from pharmacies which could be put forward as Beacons.

Every shadow PCG will know by the autumn what level of resources will be available to them. LPCs wanting to negotiate additional funding for local services should, therefore, start preparations now before contacting the shadow PCGs later in the year.

Shadow PCGs are also instructed to be in a position by the autumn to devise their organisational structures. LPCs should contact shadow PCGs to discuss the provision of pharmaceutical advice as part of their organisation and set out the benefits of using a contractor-based community pharmacist.

There is specific reference in the NHSE guidance to PCGs and how they will need to involve community pharmacies in delivering care to their patients. However, the arrangements for mainstream community pharmaceutical services are based on a national contract administered by HAs and PCGs will not have a direct role in that contract.

PCGs will be able to consider agreements with pharmacies for additional services such as prescribing advice, medication review, domiciliary visiting, adherence counselling, health promotion campaigns, needle exchange and the disposal of waste medicines.

PCGs have been told to consult the LPC on any decisions they make which could affect local community pharmacists either professionally or commercially.

LPC action

The PSNC recommends that LPCs take the following initiatives over the next few months.
- LPCs should continue to make contact with the key players such as the HA chief executive, lead GPs and nurses and, when appointed, PCG chairs and chief officers promoting the value of community pharmacy services.
- The LPC should ensure that each PCG has a lead pharmacist from the LPC and an LPC member (not necessarily the secretary) responsible for co-ordinating the LPC lead pharmacists.
- Lead pharmacists from the LPC should contact all contractors in the PCG area, to bring them up to date on the White Paper changes, the action being taken by the LPC and to encourage their support.
- Find out what is happening with the HIPs and get involved.
- Clinical governance is going to be a big issue. Specific guidance on this will be issued by the PSNC, but LPCs should find out what is happening locally.
- Find out who has responsibility for the primary care investment plan and start considering how additional local pharmaceutical services can be negotiated with PCGs.

NPA campaign up and running despite budgets

Forgive me for correcting **Xrayser** (*C&D* August 29), but far from foundering, the NPA's 'Ask Your Pharmacist' campaign is still very much up and running – in fact the current issues of *Country Living*, *Woman's Journal*, *Baby*, *Your Health* and *Vintage Times* all contain our advertisements. But he is right in saying that our budgets have been substantially pruned since those halcyon days of sponsorship.

However, his remarks about the NPA 'taking the lead again' were music to my ears. I have spent the past 18 months telling everyone who will listen that one of the best ways of increasing the public's awareness of the role of the community pharmacist is with a properly funded, cross-pharmacy organisation campaign.

Fortunately, some organisations have been listening and we are getting some very positive noises on all sides – but thank you for helping to highlight our cause – watch this space!

Veronica Wray
Head of public affairs, National Pharmaceutical Association

No worries about using talc

The article 'No Sweat' by Dr Sarah Brewer (*C&D* June 13, p18) carried the statement: "Women should be advised not to use dusting powder between the legs as there is a possible link with ovarian cancer." Such a statement could cause concern to users of dusting powders, both past and present.

The cosmetics industry has taken the alleged association between talc use and ovarian cancer very seriously and monitors the scientific press carefully. We are, therefore, in a position to reassure your readers that there is no causal link, either theoretical or actual, between cosmetic talc and ovarian cancer.

In 1994, the US Food and Drug Administration co-sponsored an open workshop which reviewed all available toxicological data and epidemiological studies. Participants at the workshop agreed that there is no basis to conclude that talc is capable of migrating to the ovaries, a view confirmed by the US National Toxicology Programme.

The workshop concluded that no hazards to health had been demonstrated in connection with the normal use of cosmetic talc. Additional epidemiology studies published since 1994 have been fully reviewed and further confirm the conclusions of the 1994 FDA workshop.

I trust this information will reassure your readers that they can avail themselves of the benefits from the use of cosmetic talc products without worrying over possible health risks.

Dr Christopher Flower
Head of safety and toxicology, Cosmetic Toiletry & Perfumery Association

Splitting hairs

Hairline is a patients' support organisation for people who have lost or who are losing their hair. We also run The Hair Trust, a national charity to raise funds for medical research into alopecia.

I read your **Pharmacy Update** article on hair loss (*C&D* August 15, pV) with some interest, but was disappointed to find that you appear to advocate trichologists as the authority on hair and hair loss.

We recommend that patients see their GPs and, in severe cases, obtain referral to a consultant dermatologist. A trichologist, however, is not a doctor and cannot prescribe medical treatment.

In far too many cases, even where trichologists are members of the Institute, hair loss patients find themselves having to pay large fees. A scale of charges may quote a reasonable £60 initially, but by the time the patient leaves the salon, this too often has risen to a sum more like £300. I spend a lot of time 'picking up the pieces' where patients have been asked to spend a great deal more than that.

Hair loss, although not life threatening or even physically painful, can cause untold suffering. Surely it would be more responsible to advocate that these vulnerable patients see their doctors and dermatologists rather than venture into the commercial clinic sector where too often they lose their money as well as their hair.

Elizabeth Steel
Hairline International

The article does not advocate trichologists as the authority on hair loss. It does provide an informed overview of the condition by someone who has considerable knowledge of the subject. Pharmacists should be aware of the fact that a trichologist may not be medically qualified, and hence unable to prescribe medication, and would naturally refer patients to their GP for medical treatment.
Editor

PHARMACY update

A short pause for the period of menopause

The signs and symptoms of the menopause, as well as the management of its long-term effects, come under the scrutiny of Jean Rothwell FRPharmS

THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 1103), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* OCTOBER 10, PROVIDES ONE HOUR'S CONTINUING EDUCATION

OBJECTIVES

- To be aware of the place of hormones in the menopause
- To recognise the short-term symptoms of the menopause
- To recognise its long-term effects
- To be aware of how these are managed
- To recognise groups needing advice and reassurance

The menopause affects all women who live into their 50s and is a natural ageing process caused by the failure of the endocrine organs. If it is not managed appropriately, it can lead to increased frequency of illness, disease and disability.

This article will concentrate on the signs and symptoms and the long-term effects of the menopause and on self-help measures. A follow-on article will concentrate on hormone replacement therapy.

Definition

The menopause is defined as the date of a woman's final menstrual period plus one year.

The effects of the menopause are usually noticed by women in their late 40s. This is a period known as the change of life, during which a woman's ability to bear children gradually diminishes. It usually occurs between the ages of 45 and 55 years and is brought about by a radical change in the balance of hormones circulating in a woman's body. In some women, menstruation ceases suddenly with little warning, but in the majority of women the process is gradual.

Records show that the age at which women go through the menopause and the date of their final menstruation is closely matched in mothers and daughters, confirming the genetic nature of the control underlying the process. Instances of premature menopause in the same family provide evidence of this and modern records show the average age for the menopause has extended to over 51. This demonstrates how the longer life span for women has been accompanied by an extension of female fertile life (see Figure 1).

It is safe to estimate that of the 12 million women over the age of 45 years living in this country today, a large proportion of them have gone through the menopause (ie they are postmenopausal) and a significant number will currently be experiencing menopausal symptoms.

Pathophysiology

At the start of the menopause, the follicles in the ovaries stop producing eggs as less oestrogen and progesterone are produced. At the same time, other hormone changes occur in the body, such as an increase in the amounts of gonadotrophin and androgen hormones in the blood.

In a natural menopause, when there is a decline in ovarian function due to ageing of the ovaries, the general endocrine imbalance between ovaries, hypothalamus and pituitary results in an instability of the autonomic nervous system and the typical symptoms of the menopause. When the ovarian regression is gradual there may be a few noticeable symptoms, but when it is rapid the symptoms may be severe, and if they remain untreated they could last for months or possibly several years.

Levels of oestrogen

Several factors may influence the levels of oestrogen and the age at which the menopause occurs, one important factor being smoking. Women who smoke experience the menopause at an earlier age than non-smokers. Oopharectomy or removal of the ovaries, either by surgery or radiotherapy, may also result in an earlier menopause. On the other hand, women who suffer from fibroids in the womb often have their last period seven or eight years later than average.

Continued on PII →

Continued from P1

Women who have had their womb surgically removed (hysterectomy) will go through the menopause, unless their ovaries were removed at the same time causing their periods to stop. Ovories ore not usually removed unless they are diseased, but where their removal was necessary, women may experience an immediate and often severe menopause afterwards. In these cases, the doctor will usually recommend the use of hormone replacement therapy (HRT).

HRT is provided in various ways according to each individual patient's needs – it can be in a tablet form of oestrogen (taken with or without progestogen) or implants of long-acting oestrogen preparations may be inserted under the skin. Skin patches containing oestrogen con be applied to the skin, or local oestrogen cream or pessaries may be used for vaginal problems. HRT therapies will be discussed in a follow-up article.

A premature menopause sometimes occurs between the ages of 25 and 35 years due to the cessation of ovarian function due to premature ageing of the ovaries or following prolonged lactation. Sometimes this occurs after a debilitating disease or severe infection.

Symptoms

Common symptoms of the menopause include:

- hot flushes
- night sweats
- palpitations
- headaches
- tiredness
- vaginal dryness
- loss of libido.

Some women experience psychological problems, eg poor memory and lack of concentration, tearfulness and anxiety, and loss of interest in sex, although it is not clear whether these are a result of the physicol symptoms or the lack of oestrogen.

In a recent survey, it was found that only 57 per cent of women had experienced one or more of these symptoms, and only 22 per cent had found them a problem. While they can be debilitating, they are not dangerous. Many women take steps to relieve the symptoms or ask the advice of their pharmacist, although it is the long-term effects which need to be considered.

Long-term effects

Oestrogen protects against certain diseases and the reduction of this hormone during and after the menopause means protection is lost. The two most common conditions which are protected against by oestrogen are coronary heart disease and osteoporosis, but there may also be links with stroke and Alzheimer's disease.

Coronary heart disease

In the UK, one in five women dies from coronary heart disease – it is the major cause of death for women over 45 and there is evidence of an increase in the incidence of coronary heart disease in the years after the menopouse. While female hormones protect women prior to the menopause, postmenopausal women who take oestrogen are at a lower risk of CHD. Evidence suggests that the use of HRT may reduce the incidence of this by 50 per cent.

Osteoporosis

Osteoporosis affects around one in three women. The incidence of osteoporosis rises after the menopause. Women reach peak bone mass in their early 30s following which there may be a bone loss rate of 1 per cent per year. This increases to an average loss of bone during the menopause at a rate of 2 to 3 per cent per year. The main causes for this appear to be lack of oestrogen but an inadequate diet and lack of exercise may also be responsible in some cases.

Statistics show that about 40 per cent of women suffer one or more fractures after the age of 50. Every fifth woman of 80 years and every second woman of 90 years has suffered a hip fracture.

All women over the age of 40 who suffered a broken bone would possibly benefit by having a scan to check whether or not there are signs of osteoporosis. At this stage it might be worth considering the use of HRT for their future benefit.

Stress incontinence

Stress urinary incontinence affects 10-17 per cent of all women and this proportion increases after the age of 50.

The problem arises when there is a sudden increase of intra-abdominal pressure, eg through physical stress, coughing and lifting. Women are reluctant to seek advice despite specialist help being available – they often prefer to deal with it themselves, eg by the continued use of unsatisfactory sanitary towels.

Because many women suffer in silence for a number of years, continence patient groups are actively promoting their case and women may now feel that they can approach their doctor or practice nurse to discuss the problem with the prospect of a solution, such as pelvic floor exercises. In some long-standing cases surgery may be necessary.

Pharmacists are well placed to advise women to seek medical assistance before their condition deteriorates. They are also good sources of advice on incontinence products.

Depression

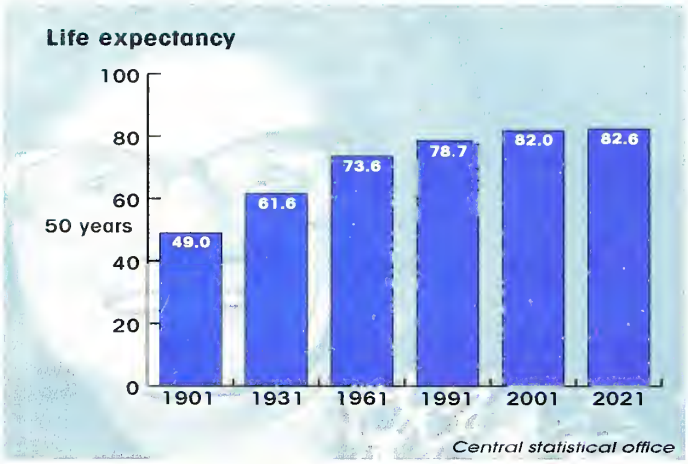
It is thought that 20 per cent of women in their 40s and 50s suffer from clinically significant depressive disorder, but it is not known to what extent hormonal changes occurring at the menopause are responsible for this.

A recent study showed that in a group of women aged 42 to 50 years depressive symptoms were higher in those who had suffered stressful events and those who were pessimistic or more prone to anxiety. Some clinicians and carers dismiss mild depression as being 'due to your age'. Anti-depressants are given, but other options could be considered if the following questions are asked.

- Is the depression being caused by drugs being taken for physical illnesses?
- Is the depression due to loneliness or isolation?
- Does the woman have a satisfactory diet?
- Does the woman get enough physical exercise?
- Would counselling help, such as in cases of bereavement?

Pharmacists can help many of these women by making them aware of the range of problems which can arise at the menopause such as depression.

Headaches, tiredness and palpitations are also symptoms which could merit a discussion with the pharmacist about HRT – not everyone knows that pharmacists can help with a wide range of symptoms.



Management

The loss of the protective effects of oestrogen against heart disease and osteoporosis means it is important for menopausal women to be counselled and encouraged to consider taking action to compensate for this loss.

If they seek professional advice they may be offered HRT but they will have to decide whether or not the relatively small risk of developing other HRT-associated disorders, such as breast cancer, is preferable to the possibility of suffering osteoporosis or coronary heart disease later in life.

There are various ways of treating the short-term symptoms of the menopause. For hot flushes, avoiding hot drinks such as tea and coffee or spicy food will help keep them to o minimum. Taking tepid showers when very hot and wearing light clothing also helps.

For vaginal dryness, which leads to painful intercourse, a lubricant can be used, eg KY jelly. If the symptoms are severe, a doctor may prescribe an oestrogen cream or hormone replacement cream for local use.

It is important to make sure that the diet contains adequate amounts of calcium to help protect against bone loss. The recommended daily amount is 800mg – one pint of milk contains about 700mg. HRT prevents further bone loss but cannot reverse loss which has already occurred.

Pharmacy role

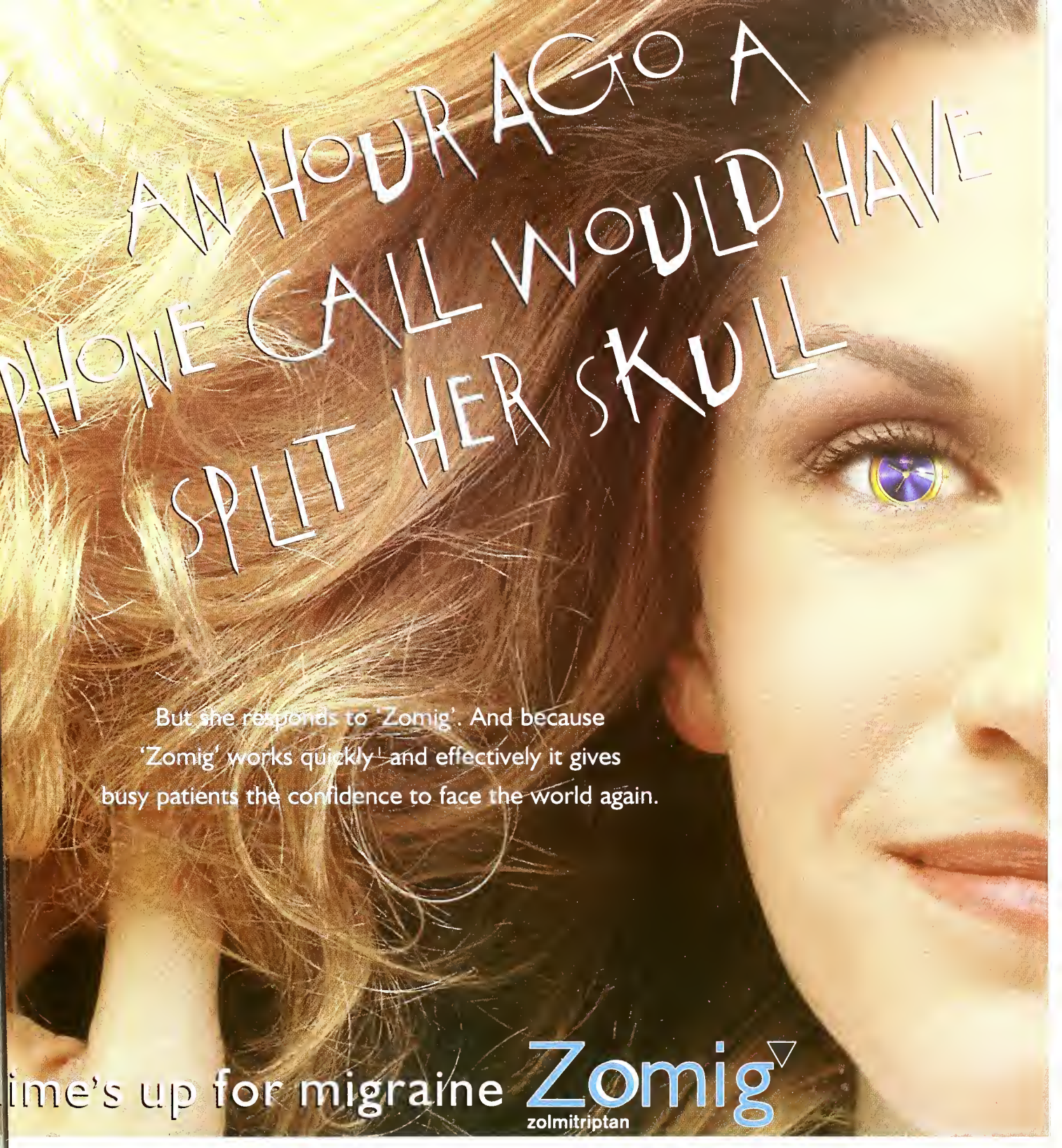
Women asking for medication for headaches, hot flushes, vaginal dryness, tiredness etc could be counselled about the benefits of HRT (therapeutic and prophylactic) and the need for a balanced diet and sufficient exercise.

Women who buy products in the pharmacy to deal with urinary incontinence could be counselled about other options for their problem.

C&D is accredited by the College of Pharmacy Practice as a provider of distance learning until March 2000.

ACTION PLAN

1. What symptoms are indicative of the menopause? How many of your 45-plus female patients have complained of such symptoms? Are they on any medication for these symptoms?
2. Develop a protocol for providing help and advice to women with menopausal symptoms



MIG'
ult Summary of Product
acteristics before prescribing.
al reporting to the CSM required.
Acute treatment of migraine with or ut aura.
ntation Tablets containing 2.5mg of riptan.
ge and Administration The rec- nded dose of 'Zomig' to treat a migraine is 2.5mg.
ptoms persist or return within 24 hours, nd dose has been shown to be effective. cond dose is required, it should not be within 2 hours of the initial dose.
factory relief is not achieved, subsequent s can be treated with 5mg doses.
ents who respond, significant efficacy is nt within 1 hour of dosing.
e event of recurrent attacks, it is mended that the total intake of 'Zomig' hour period should not exceed 15mg.
' is not indicated for prophylaxis of he.
and efficacy of 'Zomig' in paediatric patients and adults over the age of 65 have not been established.
In patients with moderate or severe hepatic impairment, a maximum dose of 5mg in 24 hours is recommended.
Contra-indications Hypersensitivity to any component of 'Zomig' and uncontrolled hypertension.
Precautions A clear diagnosis of migraine must be established. Care should be taken to exclude other potentially serious neurological conditions. No data in hemiplegic or basilar migraine.
'Zomig' should not be given to patients with Wolff-Parkinson-White syndrome or arrhythmias associated with other cardiac accessory conduction pathways.
'Zomig' is not recommended in patients with ischaemic heart disease. In patients in whom unrecognised coronary artery disease is likely, cardiovascular evaluation prior to commencement of treatment is recommended. As with other $5HT_{1D}$ agonists, atypical sensations over the precordium have been reported after administration of 'Zomig', but in clinical trials these have not been associated with arrhythmias or ischaemic changes on ECG. 'Zomig' may cause mild transient increases in blood pressure.
Patients should leave at least 6 hours between taking an ergotamine preparation and starting 'Zomig' and vice versa. Concomitant administration of other $5HT_{1D}$ agonists within 12 hours of 'Zomig' treatment should be avoided. A maximum intake of 7.5mg of 'Zomig' in 24 hours is recommended in patients taking a MAO-A inhibitor. A maximum dose of 5mg in 24 hours is recommended in patients taking cimetidine and other P450 inhibitors such as fluvoxamine and quinolone antibiotics. Caution in pregnancy and breast-feeding. Use is unlikely to result in an impairment of the ability to drive or operate machinery. However, somnolence may occur.
Undesirable Effects Nausea, dizziness, somnolence, warm sensation, asthenia and dry mouth have been the most commonly reported. Abnormalities or disturbances of sensation have been reported; heaviness, tightness or pressure may occur in the throat, neck, limbs and chest (no evidence of ischaemic ECG changes), as may myalgia, muscle weakness, paraesthesia, dysaesthesia.
Legal Category POM
Product Licence Number 12619/0116
Basic NHS Cost 6 tablet pack (2.5mg) with wallet £24.00, 12 tablet pack (2.5mg) £48.00.
'Zomig' is a trademark of the Zeneca Group of Companies.
Further information is available from: ZENECA Pharma, King's Court, Water Lane, Wilmslow, Cheshire SK9 5AZ.
Zeneca Medical Information
Freephone 0800 200 123

98/9046R/K/Issued August 1998

Reference:
1. Zomig Summary of Product Characteristics. In those patients who respond, significant efficacy is apparent within 1 hour of dosing.

ZENECA

Isoflavone flavours

Dietary isoflavones have been found to have potential health benefits for women. Dr Aedin Cassidy, lecturer at the Centre for Nutrition & Food Safety at the University of Surrey, shares her research into the topic

The naturally occurring plant chemicals, isoflavones, which belong to the phytoestrogen class, are currently receiving attention as potential alternative therapies for a range of hormone-dependent conditions including prevention of cancer, coronary heart disease, osteoporosis and menopausal symptom relief.

There are plausible mechanisms to explain their potential health benefits. Isoflavones are structurally similar to oestradiol, but with 100-1,000 times weaker oestrogenic activity. They have the capacity to bind to the oestrogen receptor and exert partial oestrogen agonist/antagonist effects that may be tissue specific.

Recent epidemiological evidence, along with experimental data and animal studies, suggests beneficial effects of isoflavones on human health, yet the clinical data to support such effects are either not available or are awaiting large scale clinical studies.

Nevertheless, the limited studies performed thus far clearly confirm that dietary isoflavones can exert significant hormonal effects and that these may help prevent many of the common diseases seen in Western populations, where the diet is typically devoid of these compounds.

Red clover has high concentrations of isoflavones

Biological action

Given the similarity in chemical structure between isoflavones and the mammalian oestrogen, oestradiol, it is not surprising that these compounds bind to oestrogen receptors (ER). However, their apparent action as both partial oestrogen agonists and antagonists makes it hard to predict how interaction with ER will modify the activity of endogenous oestrogens.

At certain concentrations (which may depend on many factors, including receptor numbers, extent of protein binding, metabolism and competing oestrogen concentration), rather than acting as oestrogen mimics and initiating oestrogen-like actions, isoflavones may antagonise and inhibit oestrogen action. This tissue selective oestrogen action is currently driving pharmacologists to develop selective oestrogen receptor modulators (SERM), like raloxifene – launched earlier this month. If dietary isoflavones can be shown to exert tissue selective effects, these compounds would, therefore, have the potential to act as oestrogen agonists. This may prove beneficial in postmenopausal women with respect to risk factors for heart disease, menopausal symptoms and osteoporosis.

However, under some conditions these compounds may act as anti-oestrogens, which may assist in preventing the development of breast cancer. Our understanding of the isoflavones' mechanism of action is further complicated by the recent discovery of a second oestrogen receptor, named ERb to distinguish it from the 'classical' ERa subtype. The tissue distribution and relative binding affinities of ERa and ERb is different, which may help to explain the selective action of oestrogen, and possibly isoflavones, at different tissues. ERb is found in tissues which are responsive to classical hormone replacement therapy (HRT), including brain, bone, bladder and vascular epithelium.

Sources and metabolism

Although isoflavones have oestrogenic activity 100-1,000 times weaker than oestradiol, some foods and dietary supplements contain comparatively high amounts of these compounds so that plasma levels may exceed endogenous oestrogen levels by several orders of magnitude.

Isoflavones are almost exclusively associated with legumes, and soya products, red clover, lentils and chick peas contain the highest concentrations. Daily dietary intake of isoflavones in Western populations is typically negligible (<1mg/day). The rapidly changing eating trends in Japan or China now make it difficult to accurately determine the intake of isoflavones in these countries where soya is traditionally a staple food. Recent estimates indicate intakes of 20-50mg/day but this may vary between urban and rural areas, and with other lifestyle factors.

Potential health benefits

The international variation in many diseases, including cardiovascular disease, osteoporosis, menopausal symptoms, breast and prostate cancer, has stimulated interest in the role of isoflavones in the diet as potentially protective components.

In Asia, where urine and plasma levels of these compounds are high, these conditions are rare. However, clinical studies examining the potential of isoflavones to cause physiological effects in humans have been limited to epidemiological studies, or to dietary intervention trials that have looked at effects on menopausal symptoms, cardiovascular function and endocrine regulation of the menstrual cycle.

Overall, these dietary studies have shown positive effects, but it is difficult to tease out the precise contribution that isoflavones play. In particular, we have insufficient data to ascertain the optimal dose of isoflavone necessary to exert clinical effects.

- **Premenopausal effects**

Our studies have shown significant hormonal changes to the menstrual cycle when premenopausal women adhere to a diet containing 45mg of isoflavones, fed as soya foods. However, half this dose was inactive and physiological effects were not evident when these women consumed a soya protein devoid of isoflavones.

This suggests that a critical dose is required to elicit physiological effects and that the isoflavone fraction exerts an endocrine modulating effect that occurs at the level of the hypothalamic-pituitary-gonadal axis. The endocrine modifying effects observed in these healthy premenopausal women included an increase in menstrual cycle length, due to an increase in the length of the follicular phase, and a marked suppression in the normal mid-cycle surge in follicle stimulating hormone (FSH) and luteinising hormone (LH).

- **Breast cancer**

The above effects are also considered beneficial in decreasing breast cancer risk. Japanese women, who have a low risk of developing breast cancer and have higher levels of isoflavone in urine and blood than Western women, also have significantly longer menstrual cycles than UK women.

Issue 9

PULL OUT AND KEEP

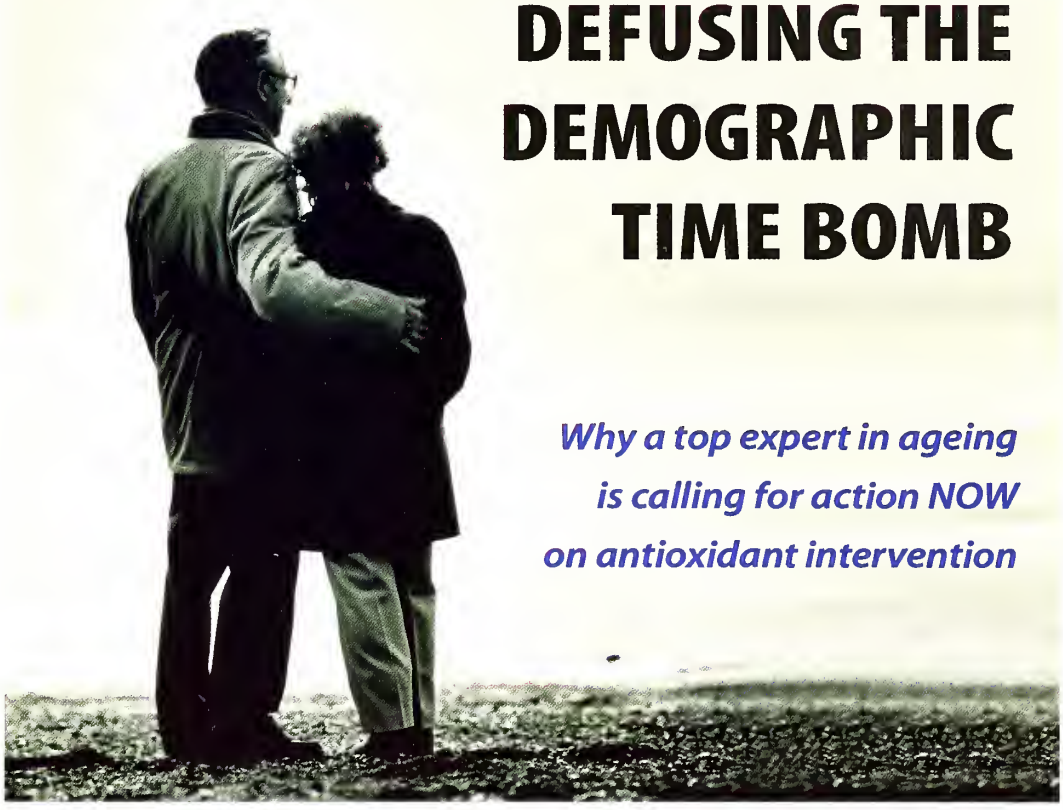
vita forum

IN THIS ISSUE...

THREE WAYS TO A LONGER HEALTHSPAN

These three 'low-tech' tools could, according to Professor Jeffrey Blumberg, have a significant impact on averting the public health crisis we face in the coming decades:

- eat more antioxidant-rich fruits and vegetables such as broccoli, carrots and peaches
- take regular exercise – it's good for the heart, maintains muscle strength and balance and lowers the risk of osteoporosis
- consider modest anti-oxidant supplmentation – the amounts of vitamin E associated with protection against heart disease, for example, are difficult to achieve from diet alone.



DEFUSING THE DEMOGRAPHIC TIME BOMB

Why a top expert in ageing is calling for action NOW on antioxidant intervention

"We are facing a new era in the history of mankind and every aspect of our society is going to be affected. We are growing older." That was the unequivocal message from one of the world's leading experts on nutrition and ageing, Professor Jeffrey Blumberg, in the first UK Veris lecture held at The Royal Society in London recently.

Professor Blumberg, who is Head of the Antioxidant Research Laboratory at the Human Nutrition Research Center on Aging at Tufts University, Boston, described the global demographic change which is taking place – not just in the industrialised world but in less developed countries too. "The numbers and percentages of older people are growing fast. In Europe alone, we're looking at a potential for there to be more than 15 million women over the age of 80 in less than 30 years" he said.

Professor Blumberg explained how, in the first half of the 19th century, we had a 'pyramid' of population distribution – with a large base of young people and very few older people. "However", he said, "The pyramid shape is now changing to a 'skyscraper', with equal segments of all age groups. The implications of this change are enormous: economic development, numbers of economically dependent people, transport, housing, leisure time and, of course, healthcare. All will be affected."

It is an issue which is concentrating the thoughts of health professionals and policy-makers around the world: 1999 has, in fact, been designated by the UN as 'The International Year of Older Adults'. The British government has launched the UK's largest ever public consultation exercise – The Debate of the Age – in which 30 million people are being asked their views on how to tackle this 'demographic time-bomb' while last year, 100 medical journals from over 30 countries took part in a joint initiative, each devoting an issue to the subject of ageing.

Miserable for Longer?

The concern is that having succeeded in increasing the average lifespan, we are simply lengthening the number of years older people have to spend in failing health. But according to Professor Blumberg, this *(Continued on page 4)*

Singing in the Rain

Vitamin E & the Immune System

Vitamin E may not be a single magic bullet but it is a key contributor to immune function.

Think of the immune system as the body's 'crack troops' – combating invading organisms such as bacteria and viruses, neutralising a wide range of toxic materials and seeking out and destroying potentially cancerous cells.

But even the most elite army regiment needs constant reinforcements if it is to withstand attack and remain effective. In the body, such reinforcements come in the form of nutrients. Vitamin E, it seems, is a particularly powerful weapon.

Professor Blumberg and his colleagues at Tufts University have been investigating the effects of vitamin E on the immune responses of older people. They are clearly excited by their findings.

"I don't mean to imply that vitamin E is a single magic bullet", Professor Blumberg said during his recent UK VERIS lecture, "but studies do suggest it is a key contributor to immune function."

Using a less military analogy to describe the decline in immune response typically seen with advancing age, Professor Blumberg cited Canadian immunologist Ranjit Chandra, who likened the immune system to an umbrella made up of numerous compartments – from skin, to white blood cells such as phagocytes and molecules like interferon. This umbrella protects us from the rain of attacks on our immune system but, over time, it becomes leakier – beginning at a surprisingly early age.

"The first signs are when the thymus gland begins to degenerate", said Professor Blumberg. "Just after puberty". But signs of decline in the physiological system do not become evident until middle age or later because there's a lot of reserve capacity. It's when these reserves become depleted that we see the onset of chronic disease.

"The immune system has a dynamic inter-relationship with nutritional status", said Professor Blumberg. "People who are poorly nourished, or have frank malnutrition, have impaired immune defences".

"When we looked at older people with poor cellular immune response, we saw that all-cause mortality was twice as high, cancer mortality was almost three times as high, and incidence of pneumonia was three times as high, compared with people who had a healthy immune response for their age."

Professor Blumberg's work has shown that increasing vitamin E intake can significantly benefit the immune system in a number of ways:

• In a study of healthy older people aged 60-80 who were given vitamin E supplements of 800 IU, Professor Blumberg and his colleagues saw a significant improvement in the 'delayed type hypersensitivity skin test' – a measure of the vigour of the immune response. They also saw an increase in the ability of the white blood cells to respond to foreign challenges, and a very significant rise in Interleukin 2 – a growth factor for immune cells.

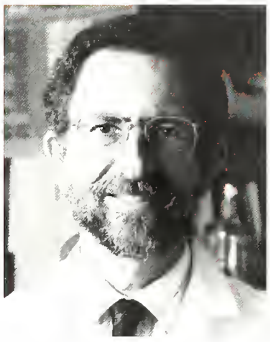
• Prostaglandin E2 (PGE2) is a compound which inhibits or 'turns off' the immune response. As we get older, we produce more of it. Professor Blumberg has found that giving older people vitamin E makes them produce less PGE2. He describes this by saying "what we can do with vitamin E is turn off the 'off' switch that turns on with age".

• In another study, vitamin E supplements given to healthy adults between 65 and 80 improved the antibody response to various vaccines. Just 200 IU of the vitamin daily doubled the number of responders – a significant effect considering that age-related declines in immune response mean only around a fifth of this age group normally responds to vaccinations.

• Professor Blumberg commented that the improvements seen in this study were such that: "if you didn't know you were looking at a 70 year old, you'd think it was probably a 40 year old. While it may look like we're turning back the clock with vitamin E supplementation, I'd say what we're really discovering is what the optimal intakes of vitamin E are to maintain our immune response as we grow older".

• Vitamin E was also found to increase immune response in older men following vigorous exercise. In a double-blind, placebo-controlled study, Tufts researchers examined two groups of sedentary men aged 20-30 and 55-70, after an intensive bout of downhill running. In the younger men, they saw a significant release of immune cells called neutrophils. These help eliminate damaged protein and are believed to be very important in remodelling new muscle after exercise. The younger men's production of neutrophils increased sufficiently to do their job within 8 hours. The older men who received the placebo, however, had a blunted immune response. The older men receiving vitamin E, on the other hand, had an almost identical response to the younger men.

• Since some immune cells actually work by releasing free radicals onto bacteria and viruses, it has been suggested that giving a lot of free-radical quenching vitamin E or other antioxidants may possibly produce an adverse effect. Professor Blumberg has carried out research into this question. He said: "We conducted our trial as though it were an investigation of a drug, looking for both benefits and risks on the immune system and other physiological parameters as well. We found only benefit and no adverse effect even at doses of 800IU vitamin E".



Professor Jeffrey Blumberg is Head of the Antioxidant Research Laboratory at the Human Nutrition Research Center on Aging at Tufts University, Boston.

The Umbrella of Protection

THE IMMUNE SYSTEM IS MADE UP OF SPECIALISED CELLS CALLED WHITE BLOOD CELLS WHICH ORIGINATE IN THE BONE MARROW OR THYMUS:

• **Phagocytes** (macrophages, neutrophils) literally 'swallow up' foreign invaders by surrounding them and injecting harsh oxidants.

• **T Helper Cells**, alerted to duty by macrophages, galvanise T killer cells, into action – sending them to fight en masse at the infection site. T helper cells also call B-lymphocytes into action.

• **B-Lymphocytes** circulate in the blood and act remotely, producing chemical weapons called antibodies that are targeted specifically against the invading germ.

• **Natural Killer Cells** are the free-ranging special forces troops of the immune system. They latch directly onto cancer cells and virus-infected cells injecting poisons into them.

DEFUSING THE DEMOGRAPHIC TIME BOMB

continued

is by no means inevitable.

"What happens today is that around midlife, we see the first signs and symptoms of chronic disease. Then we are burdened with illness – heart disease, stroke, osteoporosis and cancers – for the remainder of that lifetime."

"All the data suggests that we can compress morbidity so that instead of symptoms appearing at 55, they can be delayed to 65 or even 75. I think the data is unequivocal that by choosing healthier dietary patterns, we can delay the onset of chronic disease and extend our 'health-span'."

"We have to change our stereotypes of old age, often characterised by frailty, disease and high healthcare costs, and start doing whatever we can, that we know to be reasonable, responsible and effective."

SNIPPETS FROM THE VERIS LECTURE

Data from the US has shown vitamin E supplements are better than drug treatment at slowing down the degeneration of patients with Alzheimer's disease.

In the US Physician's study 25mg of beta carotene daily prevented the decline in natural killer cell activity seen in men over 65 years of age.

A French observational study found that people with high plasma vitamin E levels had significantly fewer episodes of infectious disease.

Starting Today

"But, we have to start today" stressed Blumberg. "because chronic diseases develop slowly over time – and it's not so hard to project where we are going to be in 25 years."

Professor Blumberg is in no doubt that the evidence supporting the benefits of antioxidants in relation to age-related diseases is already sufficiently compelling for it to be translated into practical advice for the public.

"We really need to redefine what 'nourishment' is. What intake of nutrients, especially antioxidants, do we need to optimise health and physiologic function and reduce our risk of chronic diseases?"

"What we are clearly learning, not just from research studies – but from practical application in communities – where we can measure differences between people who take supplements of antioxidants and people who do not, and where we find lower risk and lower prevalence of chronic disease – is that it is rational to use both healthy diet and supplementation to those diets. This is a reasonable thing to tell people to do."

Good News

While acknowledging that the full story on antioxidants is still evolving, Professor Blumberg asked: "Should we wait for another decade or two until we have the complete picture? I think it is holding out a false hope when we hear people say: "we just need to do some more clinical trials and when we have the definitive answer then we'll act". We need to look at the totality of scientific information we have available – the laboratory science, molecular biology, cell cultures, animal studies, observational studies and clinical trials. In my view, to slow down the process of translating the impressive amount of information we already have into public recommendation because we don't have all the evidence, will put us into a terrible situation."

"I'm very excited by the evidence – this really is a 'good news' story. We need to encourage governments to develop appropriate public policies on nutrition. We need to do more to educate healthcare providers in delivering this information and, with all due respect to physicians, I think that it is inappropriate to use them as the only information deliverer – it's too small a bottleneck. We need to get to a lot of people and we need to get to them soon. We need to empower consumers by giving them the information and by allowing them to adapt it to their own lifestyles."

Professor Blumberg concluded: "By combining the approaches of a healthier diet and physical activity, I think we really can do a great deal to promote successful ageing to help us avoid the problems that I am so concerned we're going to face in less than 30 years."

vita forum

It will not have escaped your notice that Professor Jeffrey Blumberg's name appears frequently in this issue of Vita Forum. He made a rare and very welcome visit to the UK in June, speaking at the very timely Conference on Positive Ageing organised by the Guild of Health Writers, giving the VERIS lecture at the Royal Society in London and also – after his return to Boston – taking part in BBC Radio 4's Case Notes programme on ageing on June 23.

Professor Blumberg is one of the world authorities on nutrition and ageing and his department at Tufts University in Boston has the reputation for being 'state of the art'. His UK audiences were enthralled by his expert knowledge and good-humoured enthusiasm – despite some very serious messages. We hope he visits our shores again – soon!

Information – keeping you up to date with the complex world of antioxidant research – is what Vita Forum is all about. If you're planning to visit Pharmacy Live '98 at the Novotel, Hammersmith on 25-26 October, come and find out the latest – we'll be on stand 42.

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On average, Asian women have a lower risk of developing breast cancer than Western women because of higher levels of isoflavones in their diet

The combined effect of longer menstrual cycles and the lower endogenous oestrogen levels in Asian women would translate into an overall lower lifetime exposure to oestrogen, the hormone that has been implicated in developing breast cancer. A recent case-control study of phytoestrogen excretion in breast cancer patients showed a significant reduction in risk with increased phytoestrogen excretion. Interestingly, tamoxifen, an anti-oestrogen drug which is successfully used in breast cancer therapy, has been shown to similarly interfere with the hypothalamic-pituitary-gonadal axis, resulting in a decrease in circulating levels of LH and FSH in breast cancer patients.

However, further evidence is needed before initiating any prophylactic trials of isoflavones in women at high risk of breast cancer, as a recent study showed that a soya diet had a stimulatory effect on both the premenopausal and postmenopausal breast.

Large scale clinical trials are needed to address this issue, as the lower incidence of breast cancer in populations consuming soya as a staple may be a function of lifetime exposure to isoflavones. Early exposure to these may programme adaptive responses resulting in a lower susceptibility to breast cancer.

- **Postmenopausal effects**

If these relatively low dietary intakes of isoflavones can affect women during their reproductive life, one would expect them to produce a magnified response in the postmenopausal period when endogenous oestrogen levels are low. Oestrogenic effects from daily isoflavone exposure have been reported and have led to the suggestion that these compounds may provide an exogenous source of oestrogen for menopausal women. Epidemiological data and clinical studies provide compelling evidence to indicate that oestrogen therapy after the menopause offers protection from cardiovascular disease and osteoporosis, improves cognitive function and relieves menopausal symptoms associated with acute ovarian oestrogen loss.

Since isoflavones are biologically active in postmenopausal women, isoflavone-rich diets would be expected to reduce menopausal symptoms. This would be consistent with menopausal symptoms reportedly being much less common in countries where consumption of soya products is high. The incidence of hot flushes ranges from 70-80 per cent in menopausal women in Europe and 18 per cent in China.

A number of clinical studies of isoflavone-rich foods have been conducted in postmenopausal women to evaluate the effects on menopausal symptoms. Results and conclusions have been variable but promising with regard to an oestrogenic effect. However, in the studies on symptomatic women a strong placebo effect has been observed. Further clinical studies need to be conducted to evaluate the efficacy of isoflavones for menopausal symptom relief.

- Chronic disease

The lower incidence of CHD and osteoporosis in Asian countries compared to the West suggests these diseases are preventable. Such conditions are the major causes of morbidity and mortality in the UK. Although HRT is known to be beneficial in preventing these diseases, the weak oestrogenic action of dietary isoflavones may also offer protection.

Although the preliminary clinical evidence is promising, and it is well established that soya can have favourable effects on blood lipid levels, further clinical trials are necessary to assess the potential therapeutic relevance of isoflavones for these conditions.

Summary

The limited studies conducted so far in humans clearly confirm that isoflavones can exert hormonal effects. These effects may be useful in preventing many of the common diseases observed in Western populations where the diet is typically devoid of these biologically active, naturally occurring compounds.

However, since biological effects are dependent on many factors – including dose, duration of use, protein binding affinity, individual metabolism and intrinsic oestrogenic state – further clinical studies are needed to determine the potential health effects of these compounds in specific population groups. While the currently claimed health benefits of isoflavones still need to be established, this is an exciting area for nutritional research that deserves further clinical attention.

REFERENCES

All references can be obtained from these reviews in the isoflavone/phytoestrogen area

Setchell, K D R & Adlercreutz, H (1988). 'Mammalian lignans and phyto-oestrogens. Recent studies on their formation, metabolism and biological role in health and disease'. In: 'Role of the gut flora in toxicity and cancer'. Ed. IR Rowland. Academic Press, London; 315-45.

Cassidy, A (1996). 'Physiological effects of phyto-oestrogens in relation to cancer and other human health risks'. *Proc Nut Soc*, 55, 399-417.

Adlercreutz, H & Mazur, W (1997). 'Phyto-oestrogens and Western diseases'. *Annals Medicine*, 29, 95-120.

Setchell, KDR & Cassidy, A (1998). 'Dietary isoflavones – biological effects and relevance to human health' (*J Nutr* in press)

PHARMACYupdate: distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of **Genus Pharmaceuticals**, *C&D*'s readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the October 10 issue, which will cover this week's CPP-accredited modules, together with those in the September 5 issue.

In other words:

- Polycystic ovarian syndrome (1101)
- Toxoplasmosis (1102)
- Menopause (1103).

A faxback service for these modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers.

Accredited **Update** articles and Multiple Choice Questions can also be viewed on *C&D*'s Internet site at *http://www.dotpharmacy.com/*

The following is a list of all College of Pharmacy Practice-accredited modules carried since January 1998:

- Meningitis (1077)
- Dental caries (1078)
- Benefits of exercise (1079)
- Mouthcare (1080)
- Mental health (1081)
- Anticoagulants (1082)
- Thrush (1083)
- Aromatherapy (1084)
- LCP fatty acids (1085)
- Musculoskeletal injuries (1086)
- Enteral feeds (1087)
- Whiplash (1088)
- Balanced diet (1089)
- Thyroid gland (1090)
- Angiotensin II antagonists (1091)
- Stroke (1092)
- Nocturnal enuresis (1093)
- Detoxification (1094)
- Accidental poisoning (1095)
- Fat soluble vitamins (1096)
- Thyroid disorders (1097)
- Food poisoning (1098)
- Glaucoma (1099)
- Hair loss (1100)

The monthly MCQ papers carried this year are:

- January (2077)
- February (2080)
- March (2083)
- April (2086)
- May (2089)
- June (2092)
- July (2095)
- August (2098)

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GENUS PHARMACEUTICALS

Filling in the blank spaces

It's a Saturday and you are given a prescription for diazepam with the strength missing. You cannot contact the prescriber, so what do you do? Pharmacist Ruth Rodgers, secretary of the Institute of Pharmacy Management International and former head of ethics at the RPSGB, investigates the options

Jaan W is a job share pharmacist and, together with Sue B, she provides the pharmaceutical cover at Shoebridges Pharmacy. The pharmacy has been established in the High Street of the small market town for many years and has a steady trade within the community.

The job suited Joan. She had taken several years off when she had her children and had only started working there last September when her youngest child had started school.

This weekend it was Joan's turn to work. She had taken over from Sue at lunchtime on Friday when they had their usual handover meeting. Sue had warned Joan about the problems she had been having with prescriptions written by Dr B's locum. He seemed to have a habit of not completing all the details and she had phoned him several times during the week. Joan hoped this would not create difficulties – she didn't have much experience of such problems. Anyway, Dr B would be back from his holiday this weekend.

Friday afternoon had passed without incident. There had been no more problems with the locum's prescribing, but this morning had been the opposite. On a number of occasions, Joan had to ring the doctor to clarify his intentions. She had felt better about the problems when the locum had called in at lunchtime to correct the prescriptions dispensed that morning. As he left, he said that he had finished the surgery and home visits and was returning to his home several miles away. He hoped she would not be busy that afternoon.

Soon after her lunch she was presented with a prescription the locum had written that morning for diazepam and co-dydramol. When Joan went to dispense it she realised that there was no strength for the diazepam. She knew that the locum wasn't contactable, so what should she do?

No supply made

Asking the customer if he had taken the medicines before, Joan was informed that he was collecting the prescription for his wife, who, as far as he knew, had not. Since Joan knew that there was no medical cover at the surgery and wouldn't be able to get anything sorted out there, she decided to dispense the co-dydramol and leave the diazepam until she could speak to Dr Bryant. She explained that she couldn't supply one of the items as the prescription was incomplete. The customer left the premises with the painkillers although he did not seem particularly happy about the situation. As he left Joan wondered whether there was anything more that she could have done.

An alternative approach

Joan checked her patient medication records on the computer but couldn't find the patient listed. The customer, who was the patient's husband, said his wife had put her back out and the doctor had seen her as an emergency case that morning. Since she was in considerable pain he had driven her straight home and come out later to collect the prescription. He doubted if she would remember if the doctor had mentioned the strength of a particular medicine anyway. He did, though, remember that his

wife had said she was only to take the diazepam for a couple of days until the muscle spasm had eased and that she should consult Dr B during the next week if her back was getting no better.

This information did not really help. The quantity of diazepam prescribed, 60 tablets, did not match the information she had been given about the patient's condition. However, Joan was aware that she needed to make a decision now. The patient was in need of medication and could not wait until next Monday when Joan could contact Dr B. She consulted her reference books to no avail, so she contacted the duty doctor scheme and spoke to the on-call GP. He was unable to give much more help but agreed with Joan that the quantity prescribed was high and said that a dose of 2mg was appropriate.

As a result of her discussion, Joan decided to make a small supply of the 2mg diazepam to see the patient through the weekend. She relayed her decision to the patient's husband, took a contact telephone number and said she would be in touch after the weekend.

The BNF deals with incidents where prescriptions are incomplete

The official view

Although the prescription is incomplete for the purposes of knowing what item to dispense, there is provision for dealing with valid prescriptions where the quantity or strength of the product is missing. These are set out on page two of the British National Formulary.

There are three basic options: the first is to try to contact the prescriber, arrange for the missing details to be added, or if this is not possible endorse the prescription 'pc' (prescriber contacted) then initial and date the endorsement. If it proves impossible to contact the prescriber, and where the pharmacist has enough information to make a decision, the prescription can be endorsed 'pnc' (prescriber not contacted). Initials and the date are required as before, and where the missing detail is the quantity, only five days' supply can be made, unless the item is a combination pack or an oral contraceptive, when the smallest pack can be given. If the pharmacist is still doubtful about the prescriber's intent, he or she is directed to refer the patient back to the prescriber.

In the case outlined, contacting the prescriber did not prove to be an option and the pharmacist's professional responsibilities came into play. Principle One of the Code of Ethics says that the pharmacist's prime concern must be for the welfare of the patient, and on this basis the pharmacist must decide whether she has sufficient information to justify making a supply. If she refuses to dispense the diazepam, the patient could be suffering from continued muscle spasm unnecessarily, whereas the risk of any harm occurring from supplying a sufficient amount of the lower dose to cover the patient for the weekend can be seen to be low. In following this course of action, the pharmacist should ensure that the patient or representative receives counselling about the situation and is not left feeling dissatisfied. Obviously it is in the patient's best interest that the pharmacist contact the GP as soon as possible.

Learning from nature

This year's British Pharmaceutical Conference in Eastbourne shed light on the latest strategies in formulation and drug delivery, as well as looking at attempts to harness the medicinal properties of plants

Future developments in formulations and drug delivery will be based on the perfected techniques of mother nature.

Professor Alexander Florence from the School of Pharmacy, University of London told delegates at the BPC that designing new formulations and drug delivery systems were partly down to good luck and partly learning from nature. Nature has already perfected an array of delivery systems and transport methods which formulation scientists can learn from and adapt.

In practice this could mean using low density lipoproteins as carriers, viruses as transportation systems and synaptic vesicles as pulsite delivery vehicles. They could also go on to develop responsive delivery systems where the drug is released upon exogenous or endogenous triggers or stimuli.

Nanomechanics is one method currently being developed to achieve this. This comprises individual self-sufficient pumps of nanometer proportions complete with energy stores, biosensor, controlling valve/membrane, a specific recognition ligand and, of course, drug reservoir.

"It is not all fantasy. We know we can fabricate material from surfactants. We have the capabilities to put together such systems," said Professor Florence.

However, it was not enough to just focus on the vehicle of delivery. It was equally important to understand the underlying architecture of the target, be it receptor or tissue.

"Delivery systems have to navigate internal complexities as well as the complexity of the route," he said

Professor Florence used the example of a tumour to illustrate this. Tumours do not respond to vasoactive agents. Adding angiotensin to a microsphere can be used to induce vasoconstriction and alter blood flow to the tumour.

Days of hypodermic needle numbered?

The days of the hypodermic needle may be numbered if a new needle-free device takes off. Intraject, developed by Weston Medical, uses a pressurised gas cylinder to punch a hole in the skin and force the liquid drug into the sub-cutaneous layers. All this occurs in under 50 milliseconds with minimum discomfort to the patient.

The device is designed for self-administration and resembles a marker pen with a pre-filled chamber for storing the drug. To use, the patient simply snaps off the safety tip, removes the tear-off band, places the tip on the skin and presses. The device is then safe to dispose off as there is no residual pressure left in the device.

This new method of delivery has obvious advantages to adults and children who have a fear of needles. It is also simple enough for self-administration, alleviating work load on healthcare professionals and reducing the risk of needle stick injuries. The device is expected to cost under £1.

Tests have already been carried out on cadavers, resulting in reliable subcutaneous dosing profiles. Pre-clinical animal testing also showed the device to deliver pharmacokinetic drug profiles that closely followed that of standard sub-cutaneous hypodermic injections, with a slightly faster onset due to wider liquid dispersion.

Weston Medical and Hoffman-La Roche are now looking to develop an interferon vaccine using this device.

These findings were presented at the BPC by Khawar Mann of Weston Medical.

Traditional remedies investigated for Alzheimer's

Herbs which have traditionally been used for wisdom and concentration are being scientifically assessed for efficacy.

Herbs such as sage and rosemary have been used to enhance the brain since Greek and Roman times, and their uses have persisted to recent times, despite the lack of scientific evidence.

As a result, Professor Eloine Parry and her team at the neuropharmacological centre of the University of Newcastle have embarked on a project to investigate the benefits of such herbs on Alzheimer's disease using existing ethnobotanical and scientific evidence.

Alzheimer's disease is characterised by a loss of acetylcholine and modern drug approaches have centred around inhibiting acetylcholine esterase, the enzyme responsible for the breakdown of acetylcholine. The Newcastle team followed this route and took random samples of donated human brains, homogenised them and added different herbs to assess acetylcholine esterase inhibition. The herbs were used as essential oils, as well as fresh and dry.

They found no acetylcholine esterase inhibition with rosemary, but found two significant references to sage and balm. The beneficial action is thought to be attributed to the terpene component of these herbs. Both alkaloids and terpenes have been associated with enzyme inhibition, however, the former are toxic at low levels, while the latter are less toxic and are active at lower concentrations.

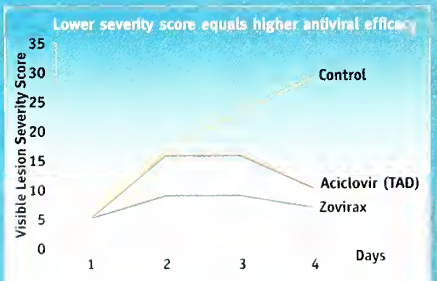
One herb that has received a lot of attention in the field of Alzheimer's is Ginkgo biloba. Placebo-controlled trials found its effects are similar to modern drugs such as tacrine and donepezil, although side effects have been minimal.

Stimulation of nicotinic receptors is also thought to help enhance brain function. Korean ginseng root has such an effect as does tobacco which contains nicotine, although the adverse health effects of the latter means its use is limited.

As good as the original?

Zovirax now has a number of 'lookalikes' - but do they perform as well as the original aciclovir formulation?

Now, new research[1] reveals that the Zovirax Absorption Accelerator formula has significantly greater antiviral efficacy than an alternative aciclovir formulation [manufactured by TAD].



Zovirax has significantly greater antiviral efficacy ($p < 0.01$) than an alternative aciclovir formulation - animal model of cutaneous Herpes infection[1]

This graph shows that the severity scores for lesions treated with Zovirax are consistently lower than those treated with an alternative aciclovir formulation throughout the duration of the trial. This proves that the Zovirax formulation has significantly greater antiviral efficacy than the competitor.

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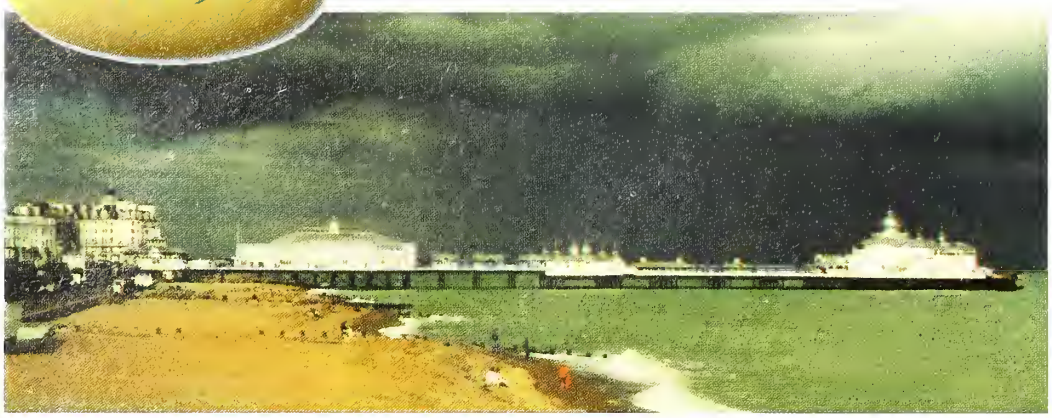
ial Product Information. Presentation: Smooth white cream containing Aciclovir 5% w/w in a water miscible base. **Uses:** Treatment of herpes simplex virus infections of lips and face. **Dosage and administration:** times a day for 5 days. It is important to start treatment as early as possible after the start of an infection, ideally during the prodrome. If healing has not occurred, treatment may be continued for up to an rial 5 days. **Contra-indications:** Hypersensitivity to aciclovir or propylene glycol. **Precautions:** Do not apply to mucous membranes. Do not use for ocular or genital herpes infections. Not recommended for use in pcompromised patients. **Side and adverse effects:** Transient burning, stinging, mild drying or flaking of the skin may occur. Erythema, itching and contact dermatitis have been reported. **Price (ex-VAT):** 2g tube 2g pump £5.10. **Legal category:** P. Further information is available from Warner Lambert Consumer Healthcare, Lambert Court, Chestnut Avenue, Eastleigh, Hants. SO53 3ZQ. **Product licence number:** 0003/0304 **preparation:** July 1998. **Reference:** 1. Glaxo Wellcome Research Document. Data on file 1998



A modern NHS needs team work

Patients will readily access the new NHS through a number of entry points in future. But they should feel supported by a team, not a collection of single points on a map, chief pharmacist, Bryan Hartley, has warned. There will also have to be greater clarity of who does what at the centre and who does what locally in terms of professional and negotiating bodies, he said.

Mr Hartley was speaking at the British Pharmaceutical Conference's professional session looking at the role of pharmacy in the new NHS. "There's a great need to learn from each other at this stage," he said. "The NHS's future and the pharmacists' role in that future are being fashioned now."

He hopes pharmacists will share leading edge developments regarding the new structures and strategies through the pharmaceutical press. As new specialisms are arising, they will need support and encouragement. As it is, "the profession recognises the contribution it can make to effective prescribing, but I suspect the public does not", he said.

The community pharmacy strategy is a way of recognising the underutilised skills of pharmacists, he said. Skills will develop alongside initiatives such as the health improvement programmes and clinical governance. He wants pharmacists to let others know about areas of success, where they are able to make a contribution.

One of the important changes in the future will be a greater emphasis on pharmaco-economic assessments. The specification and toxicity of medicines will also need new skills. The two White Papers and the Green Paper have also set out the direction of travel. These changes will give rise to structural and organisational reforms, more details of which will follow in the Queen's speech. This will also mean a modernisation of standards.

Bryan Hartley, chief pharmacist

The White Paper means that pharmacists will be working in a 'health' rather than an 'illness' service. As PCGs become established they will be required to develop and implement new strategies. They will also be expected to work collegiately and with other service groups. Clinical governance, evidence-based practice and NICE will also be important, so there will be a personal need for pharmacists to keep abreast of R&D.

Mr Hartley recognises that there will be other agents of change for pharmacy, outside the NHS. These include broader government policies, clinical changes and research, IT, human resources, European legislation and inter-professional relations.

Mr Hartley concluded: "I am confident that a new NHS will have working in it modern and dependable pharmacists."

Is nurse prescribing set to grow in the new NHS?

Nurse prescribing could become the "linchpin of a primary care-led NHS", Christine Hancock, Royal College of Nursing general secretary, has predicted. Nurses should also be able to prescribe more medicines because of their skills, rather than be limited to a 'nursing' formulary, she said.

The RCN's study of the prescribing pilot projects found a number of products not currently in the nursing formulary that nurses would like to prescribe in future: antibiotics, asthma products, creams with hydrocortisone, hypotensives, oral and emergency contraceptives, immunisations, HRT and repeat insulin therapy.

Ms Hancock hopes the second Crown Review report will clarify how a nurse formulary will be extended. "But the RCN argues strongly that access to the formulary should be based on competency to prescribe – not on a fixed list of drugs for nurses." As nurses expand and develop their role, the notion of a nurse formulary will become redundant, she hopes.

"If a nurse is competent to prescribe, why can't she prescribe any drug? Why should she defer to someone who knows less about the patient?" she asked. "If nurses are accountable for their own practice and professional judgements, then prescribing nurses should be able to access the full BNF in the same way that doctors do."

This was not 'nursing anarchy', but is about expert nurses prescribing those drugs they know about. "Nurses want to prescribe from a wider formulary because it makes sense for them to do so." It is the next logical step in reducing the time that patients wait for treatment and the bureaucracy it generates, she said.

Another area where nurses could excel is in becoming lead specialist clinicians in the community, for example by running diabetes clinics. "Given the generalist nature of the GP role, it's not surprising that specialist nurses will take on a lead role in prescribing."

Having the community pharmacist formally included in the primary healthcare team has allowed nurses, and others, to benefit from pharmacists' knowledge and skills, and they add a new dimension in profiling and analysing healthcare needs.

"In future, we need to look imaginatively at ways in which we can develop this mutual support," she said, "and at how we can ensure that nurses and pharmacists can work together to enhance the work of pharmacists without pharmacists losing business because they are contributing to the work of the primary healthcare team."

Others want a seat on the PCG, too...

Pharmacists are not the only health professionals worried about not being included on primary care group boards. Hospital consultants and public health doctors are extremely concerned that they have been left out.

"Experience of the previous Government's internal market has shown the folly of excluding secondary care and public health from decision making," said British Medical Association chairman Ian Bogle. "A Government committed to collaboration not competition, I would have thought, should concede this point."

Although Dr Bogle pointed out that GPs have a right, but not an obligation to be in a majority on PCG boards, and have the right to nominate the chairman, he believes that this will depend on what level GPs wish to take for deploying resources and making consequent rationing decisions. "My guess is that most PCGs will have a majority of GPs with a GP chairperson."

However, Dr Bogle warned: "Unless all of us who are involved in providing healthcare speak and act together, not only will patient care suffer, but the future of the professions themselves will be in jeopardy. It is essential that our national bodies work together and that we do not allow the Government to drive a wedge between us." This can be achieved by regular meetings which will reaffirm agreement on most matters, and will allow areas of disagreement to be explored "honestly" with a view to resolving them. "In my new role as chairman of the BMA Council, I would give my personal undertaking to ensure that a constructive dialogue of this kind takes place."

At a local level, there must be close liaison between local medical and pharmaceutical committees. "In addition you will need an advisory input into PCGs to safeguard the interests of your members under the new arrangements." With populations of 100,000 and a proportional drug budget, pharmacists will be an essential part of the advice given to the PCG management team. The most important level of co-operation is at practice level where there are personal relationships, often lasting a professional lifetime.

Another area of concern is the time frame for the establishment of PCGs. "PCGs come into existence in shadow form at the end of October and start work on April 1, 1999. I found it very difficult to believe these groups can become operational six months from now," he said. For PCGs to be representative of all GP practices in their area will be "a mind-bending exercise".

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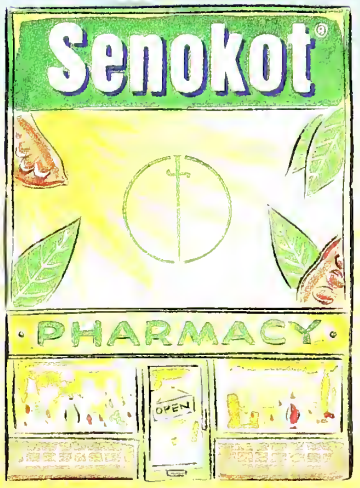

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Support our role in drug misuse

Drug misuse legislation no longer reflects the reality of today's pharmacy practice, speakers told Wednesday morning's professional session

The Misuse of Drugs Act is too restrictive, too prohibitive and may sometimes cause harm and distress to the people it should be helping, said Jeremy Clitherow, a Liverpool community pharmacist.

The controls on instalment dispensing were one example, he explained. His patients were regularly arrested by the police; they would spend the night in jail, then go before the magistrates. If they were arrested at the weekend and their prescription authorised them to collect their week's supply on a Monday, they were in trouble. If they did not present for dispensing on the designated day they had to forfeit the balance of their prescription.

One client missed her Monday pick-up because she was in court. "On the Tuesday she was literally begging us to let her have the balance of her week's supply. All I could do was suggest she went back to the clinic, with a note from me confirming that her prescription hadn't been dispensed, and ask for a new prescription for the remaining six days until her existing script became valid again.

"But the clinic said no. She was sent out onto the street with the words 'house rules' ringing in her ears."

When he saw her again she had been buying on the street and now "owed" all the methadone she was due. Sadly, she was back injecting heroin. When he inquired how she had paid for it she said: "What do you think?"

Mr Clitherow asked the conference: "Is that what the legislation intended to do? Because that's exactly what it does do in the real world." Was it right to spend scarce resources on a specialised medical consultation then allow outdated, inflexible legislation to deny the patient medication?

The Royal Pharmaceutical Society's working party on pharmaceutical services for drug misusers had recommended that a pharmacist should be able to use his or her professional judgement and dispense the balance of an instalment prescription if a patient was unable to collect on the designated day (*C&D* March 21, p4). The working party had also recommended that the Drug Trafficking Offences Act be relaxed to allow pharmacists to supply harm reduction materials such as citric, tartaric and ascorbic acids for use in extraction, as adulterants in street heroin were another major cause for concern.

The panel: (back row l-r) Dr Michael Farrell, session chairman Christine Glover; (front row from l) Kay Roberts, Jeremy Clitherow and Roger Odd

Kay Roberts, area pharmacy specialist - drug abuse, Greater Glasgow Community and Mental Health Services Trust, said that pharmacists were also prevented from selling these substances by the Society's Code of Ethics. Yet ascorbic acid was freely available from health food stores and many leaflets given out in needle exchange schemes advised clients to buy these products from pharmacies, leading to confusion.

Another source of potential conflict was the increasing number of CD prescriptions that failed to comply with the law. "The problem could undoubtedly be reduced if pharmacists and prescribers received joint training on the legal requirements for these prescriptions," she said.

The Society had submitted evidence on these problems to the Home Office independent inquiry into the Misuse of Drugs Act.

The Society was hoping to arrange a meeting with the Standing Conference on Drug Abuse (SCODA) to discuss support for people under 16, so detailed guidance could be prepared for pharmacists. A revision of the DoH's orange guide, 'Drug misuse and dependence: guidelines on clinical management,' was also awaited.

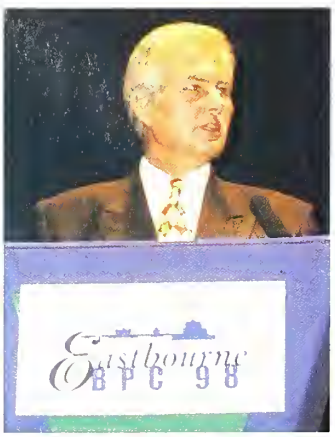
Mrs Roberts stressed that pharmacists offering supervised consumption of methadone should receive adequate remuneration. At present, health authorities were using different models to determine the level and method of payment. "A high quality service must receive an equally high level of remuneration," she said.

On the Crown Review's first report on the prescribing, supply and administration of medicines, she proposed naloxone should be an early candidate for supply under group protocols.

"The confidential inquiry into drug-related deaths in Glasgow demonstrated that lives could have been saved if naloxone had been administered in time," she explained. The authors recommended that naloxone should be made more widely available and protocols were being prepared in Glasgow.

Progress on review

Roger Odd, the Society's head of practice, said a large number of professional bodies and individual pharmacists had supported the Society's call for a review of the services to misusers.



Drugs 'tsar' Keith Hellawell

Christine Glover, who chaired the BPC session, had also received letters from Ministers who commented favourably on the working party's report.

The Society was now awaiting the report of the DoH working group on clinical guidelines, after which a multi-professional interdepartmental review could address the issues.

Dr Michael Farrell, National Addiction Centre, Institute of Psychiatry, London, praised pharmacists for "showing the torch" in the services they were providing for drug misusers. In other areas of primary care there were still major variations in the quality and delivery of services. The challenge now was to look at how the professions and agencies involved could work together more closely.

There was also a need for better research and evaluation of any legislative changes, so the correct future strategies could be introduced. Research at the Centre had shown that for every £1 spent on methadone substitution and detoxification there was a £3 saving on criminal behaviour costs to the community.

Drugs tsar says thanks

Keith Hellawell, the UK anti-drug co-ordinator, thanked pharmacists for their commitment to the drugs misuse problem.

"You are part of the solution, and many of you have gone out on a limb," he said. His job in co-ordinating the 'Tackling drugs - to build a better Britain' strategy (*C&D* May 2, p6) was to make sure everyone involved was moving in the right direction. In April he will write the first plan of action, setting targets in education, health and enforcement for the next ten years.

His remit included the misuse of legally prescribed drugs as well as illicit drugs, and pharmacists were well placed to assist in this area, too.

"You are willing and committed and I am certain that together we will make a positive impact on this social blight," he said.

● The Pharmacy Misuse Advisory Group (PharMAG) is a new organisation aiming to provide an information and support network for those with an interest in pharmacy and substance misuse. Contact: Trish Shorrock, Leicester Community Drug Team, Paget House, 2 West Street, Leicester LE1 6XP.

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With half of Britain keeping pets, pharmacists should remember the opportunities that arise with three million pet owners coming into pharmacies each day

Pet care in the community

Community pharmacists are being encouraged to give a higher profile to pet medicines as part of a new strategy from the Society's Agriculture & Veterinary Pharmacy Group.

The Group acknowledges that over the past 15 years pharmacy has not made much progress in attracting animal medicines into the Pharmacy category. Latest figures indicate that only 1 per cent of veterinary products are classified as P medicines, with a cash share of less than 1 per cent of the market.

And where many products could have been classified as P medicines, where a PML licence was inappropriate, manufacturers have opted to apply for Prescription Only Medicine status.

In part this could be due to the Group not having a clear strategy. However, in the light of current and likely changes in legislation, and taking into account the commercial and professional needs of pharmacists in general practice, Andrew Cairns, vice-chairman of the Ag & Vet Pharmacists Group, says it has made a major strategic decision to concentrate on companion animal medicines, in the short term. The objectives of the strategy include:

Ag & Vet Group chairman Douglas Davidson (left) supports the call for pet medicines to take their place alongside human medicines as part of the Group's new strategy, set out by vice-chairman Andrew Cairns from Dumfries

- supporting improved wholesale distribution of veterinary medicines into pharmacy and encouraging a specialist short-line and a full-line national wholesaler to offer daily delivery
- supporting a Pharmacy-only brand of pet medicines
- training and accrediting specialist pharmacists
- displaying a logo enabling pharmacies to demonstrate and promote this service
- encouraging manufacturers to create more P products
- working with vets to secure a fully professional service to the public.

To start with, the Group will be looking at promoting the flexibility of the new modular diploma as a means of accreditation. It will also target pharmacists to encourage more to become involved, especially in pet medicines, and will also be marketing to those who have a major influence in the marketplace to make them aware of pharmacy's potential contribution.

A more long-term aim could be to encourage the schools of pharmacy to include more about veterinary pharmacy. "They could be forgiven for thinking that pharmacy's involvement in vet medicines has been a bit of a damp squib. But if it is to become a shooting star, it cannot be done without the enthusiastic support and participation of our teachers and trainers," said Mr Cairns.

Pet medicines can boost sales

Sales of veterinary medicines through a pharmacy can exceed other strong category groups. They may even have the potential to beat analgesics.

Figures presented by pharmacist and veterinary medicines supplier Andrew Evans for his family's business, GW Taylor Ltd, have seen vet medicine sales increase over the summer. They are now outselling the summer cough and cold treatment categories averaged through the company's 36 Manor Pharmacy stores. In certain stores monthly sales have even beaten analgesics, said Mr Evans.

He is hoping for a return to the 'old days' when 80 per cent of veterinary medicines were sold through pharmacies, which could be worth £160 million today. In 1996 GW Taylor bought veterinary medicine manufacturer Brian G Spencer "as we were becoming more convinced of the potential for selling veterinary medicines through pharmacies". The company also manufactures the Ruby brand of animal care products.

As part of the sales drive, Mr Evans has developed a small training guide on medicines for cats and dogs, intended for use by pharmacists in the group. "We identified that one of the problems was a lack of knowledge among pharmacists who were not confident to recommend or sell products," he said. In marketing pet medicines, it is important to match the needs of the customer in terms of services and products. Pharmacists would also do better by concentrating on selling the products other outlets cannot – the P and PML category medicines. By stocking pet medicines, this may also persuade manufacturers to consider putting more medicines in the Pharmacy category, he argued.

Andrew Evans will be at Chemex on the GW Taylor-Ruby Products stand to answer questions about selling pet medicines

Manor Pharmacy has identified a 'top 20' lines for companion animals, selected mainly from the P and PML categories. Prices are pitched with a reasonable return – although horse wormers are more sensitive to competition from saddlers and others.

Mr Evans believes pet medicines can be priced to reflect convenience. "It does help tremendously that the public perception of vets is that they are very expensive," he said.

Product display is also very important. Pet medicines should not be put among the household products where they cannot be found. They will benefit from being placed on secure display near human GSL medicines, especially as pet medicine purchases are often made on impulse.

"The potential for community pharmacists is huge. It's a new income stream with very little change in the way you practice," he said.

Audio-visual talk to boost interest in pet medicines

A prepared talk giving an overview of pet medicines has been created as part of the Ag & Vet Pharmacists Group's strategy. The talk will be available for presentation at Society Branch meetings and aims to encourage community pharmacists to take a greater interest in stocking pet medicines.

Ag & Vet committee member Steven Kayne outlined the contents of the presentation, 'Veterinary medicines and the pharmacist – opportunities in the pet market'.

Among the areas the presentation discusses is what is a pet, for what sort of common pet conditions pharmacists can provide treatment, and how pharmacy can provide additional services, such as being aware of local zoonosis problems such as ticks, flea infestations or other diseases spread by animals.

The talk also gives some idea of the products needed to start up a pet care section, and where to obtain further help. The talk (with slides), which lasts about one and a quarter hours and comes with either a tape or a manuscript, will be available via the Society.

Quality not quantity from yellow cards

Half way through the community pharmacist 'yellow card' reporting trial, fewer than 100 reports have been received from this group, said Shaun Delaney of the Medicine Control Agency's pharmacovigilance unit.

The MCA's Shaun Delaney with a delegate

However, a significant proportion of these reports concern herbal or OTC medicines – two areas highlighted by the MCA as lacking from the original yellow card scheme – and they have been found to mirror those from GPs in terms of the percentage of serious reports received over a period of time.

Such 'holes' in the current scheme is one reason why, in April 1997, community pharmacists and hospital pharmacists were included in the adverse drug reaction reporting scheme.

Since its start in 1964 following the thalidomide tragedy, the scheme has received some 350,000 submissions, 85 per cent of which are from health professionals. Compared to other countries, this is a far higher rate of submissions from health professionals, as opposed to industry sources.

But in the past five to ten years, there have been significant changes in healthcare management patterns, including pharmacists' increasing involvement in patient care, an emphasis on self-medication, more 'POM to P' switches and more specialist care programmes. This has led to gaps in the MCA data base, including areas such as delayed effects, the elderly and congenital abnormalities, says Mr Delaney.

After 12 months of the 'yellow card', reports from hospital pharmacists account for 3.6 per cent of all those received. Hospital pharmacists report a greater proportion of serious ADRs but a smaller proportion of 'black triangle' drugs than hospital doctors.

Evaluation also reveals marked regional variations and a rise in the number of reports received from hospital doctors. This belies pharmacists' reluctance to report, says Mr Delaney, a phenomenon which may be being repeated in the community. "Not all hospital pharmacists like reporting; they are worried about duplicated reports, although this is not a problem as all reports are screened."

Suggested ways of improving community pharmacist reporting include improved feedback to the reporter and others, especially when this highlights agreement with the GP, and inclusion of 'yellow card' reporting in the pre-reg training competencies.

Despite the small number of reports, Mr Delaney said the place of community pharmacy-led reporting was assured. There is still a need to monitor post-marketing drugs, he says. "This is a question of quality rather than quantity."

Pharmacists 'should take a second degree'

Pharmacists should be required to take a second degree 20 years after qualifying, believes Barry Shooter, owner of a small chain of pharmacies in Essex.

It could be a way of motivating pharmacists to take part in continuing professional development and of measuring the benefit they obtained from it, he said while leading a discussion on Wednesday afternoon.

There could be a flexible syllabus, taking into account the pharmacist's area of practice. The degree could be based on portfolio work and distance learning, and could be accredited by the universities. He thought pharmacists would welcome a prescribed plan for CPD instead of the present vague and arbitrary requirement to carry out 30 hours of continuing education a year.

One speaker thought the prospect of having to do a degree every 20 years would put students off pharmacy as a career and compound the manpower problem. But another pointed out it was the younger generation – the British Pharmaceutical Students Association – that had been pressing for mandatory continuing education.

Mr Shooter suggested that other methods of checking continuing competence could be peer review or for the Royal Pharmaceutical Society to employ more inspectors. At present, the inspectors looked for incompetency rather than competency.

Pat Hoare, member of the Society's Council who chaired the session, said that primary care groups or health authorities are likely to become drivers for CPD because they would want proof that contractors were competent. Another driver was the profession's Code of Ethics. By introducing the preregistration exam, the Society had made a start in instilling the idea of lifelong learning.

Other points made were that:

- there was no research showing that CPD improved patient outcomes
- while pharmacists might not retain information heard at meetings, networking with colleagues had many immeasurable benefits. The 'arbitrary' 30 hours a year was a start and, while there was no measure of its effectiveness, it was better for participants to gain a little knowledge than nothing
- as it was difficult for pharmacists to identify their own CPD needs, facilitators or mentors could be appointed to sell the concept of CPD.

Starting the CPD cycle

The new NHS will require all health professionals to ensure they are continuing their professional development. As 90 per cent of pharmacists work in or with the NHS, CPD will be an important requirement to enable a pharmacist to continue to practice.

But as life-long learning is an attitude of mind, argued Gill Hawksworth, there will have to be a big change in the profession, particularly in addressing an individual's needs rather than wants. Pharmacists will need to be proactive and understand the value of learning by doing, she said.

Barry Shooter, who runs a chain of pharmacies in Essex, led a discussion on 'CPD in community pharmacy', chaired by Pat Hoare, RPSGB Council member

For Mrs Hawksworth, motivating factors for involvement in CPD included the perceived benefit for patients as well as the ethical requirement. However, she believed it would also mean she will be more likely to 'survive' as a practitioner and will have more involvement in the primary healthcare team. Other thoughts were that accreditation may be required by health authorities and that it would be financially better for her business.

The Royal Pharmaceutical Society is looking for pharmacists to model their CPD on the eight stage audit model outlined in *The Medicines, Ethics and Poisons Guide*. This starts with reflection on what is wanted, moving to generating ideas on how to go about developing, recording evaluating and examining the outcome. But instead of self-audit, the Society will be taking a role in monitoring pharmacists, before the pharmacist continues the cycle with a further bout of reflection.

Up to now, the Society has recommended a minimum of 30 hours continuing education per year. However, as the profession switches to CPD, there will be less emphasis on the number of accredited hours, and more emphasis on what has been achieved. As such it will be important to keep a CPD log.

The Society is basing its CPD plans on other professions, although it is still too early in the UK to be certain of good outcomes.

Concern was expressed that the eight point cycle will be difficult to monitor by the Society as each pharmacist will be at their own stage within the cycle. Behavioural change is also difficult, so how will it be possible to motivate the 'average' pharmacist who or will not participate in CPPE courses or similar?

Pharmaceutical care lagging in the community

There is still a long way to go in implementing pharmaceutical care in the community, according to a leading practice researcher.

Lack of time and remuneration were major barriers, said Professor James McElnay, director, School of Pharmacy, the Queen's University of Belfast. Community pharmacists were also worried that patients wanted a fast dispensing service and did not want to spend time being counselled. So there was a case for educating the public about how pharmacists could help prevent drug-related problems. Other barriers to developing pharmaceutical care were pharmacists' concerns over their relationships with GPs and fear that they lacked the necessary knowledge.

Professor James McElnay

Reasonable progress, however, was being made in hospitals and at the hospital/community interface.

Professor McElnay thought community pharmacists should invest the time in well-designed research projects to gather evidence on the cost-effectiveness of pharmaceutical care, to help support bids for future remuneration. There was a need for a co-ordinated approach, with practice researchers and pharmaceutical organisations working together as a team.

There should be more joint national and international research programmes so that results could be pooled in the same way that pharmaceutical companies carried out multi-centre clinical trials. Another approach could be to have networks of adequately resourced community pharmacy research sites.

Projects being carried out by his own practice research group were gathering evidence on the cost-effectiveness of pharmaceutical care. One study, soon to be published, showed that the PAS smoking cessation programme was cost-effective compared with other disease prevention practices such as the treatment of hyperlipidaemia. This could make a case for NHS remuneration for pharmacists running these programmes.

Other projects being carried out at the university include:

- a study of asthma patients showing that pharmaceutical care led to a major improvement in the use of inhalers and a decreased hospital admission rate
- a study of up to 500 elderly people, due to end December 1999, where community pharmacists are rationalising medication in collaboration with GPs, educating patients about their medicines and monitoring treatment
- a questionnaire that has been devised to assess which elderly patients are most at risk of re-admission to hospital for adverse drug reactions. It should enable pharmaceutical care to be focused on those most in need.

Speaking out for research

The practice research discussion forum covered areas from morale to audit, from brown-bags to pre-regs

- **Working more closely with other health professionals may be a way to improve pharmacists' morale; by taking action to give greater professional challenges, pharmacists may be encouraged to stay in the profession.**

Responses from 1,767 West Midlands pharmacists in a postal survey found over a quarter (27 per cent) reporting that their current professional role was not challenging enough. Only a third (33.2 per cent) said that they were satisfied with their working conditions, although 46.1 per cent said their pharmacy career had been satisfying. Only a third (35 per cent) would want to choose pharmacy as a career again.

Community pharmacists are the least satisfied of the various sectors within the profession. Among them, managers of independents and managers of large multiples were the least likely to be satisfied. Community pharmacists are also the least optimistic and more uncertain about the future.

H Boardman, A Blenkinsopp, J Jesson, KA Wilson; Department of Medicines Management, Keele University and Department of Pharmaceutical Sciences, Aston University.

- **Repeat prescribing benefits from closer inter-professional collaboration if a community pharmacist can review and monitor prescribing from the GP's surgery.**

Not only can community pharmacists be effective in reviewing and monitoring repeat prescriptions, they also have positive effects on the quality of the GP's prescribing. The sample used in the study found that 29 per cent of 520 repeat prescriptions had a drug related problem. The GP agreed with up to 92 per cent of the interventions, of which 82 per cent were actioned. In addition, there were over seven times as many interventions actioned with input from the pharmacist, than were identified by normal surgery procedures.

A Grandas, I Bates; Centre for Pharmacy Practice, School of Pharmacy, University of London.

- **Besides being regarded as beneficial and worthwhile by patients, 'brown bag' reviews bring about changes in pharmacists' outlook and approach to practice.**

Patients had a sense of empowerment after having their medicines reviewed. They also realise they have a right to information about their treatment and that pharmacists are experts on medicines - previously they thought only doctors had sufficient knowledge. Pharmacists taking part in such schemes have increased professional satisfaction and enhanced professional image. It also encourages pharmacists to take a more proactive stance to check patient compliance.

A Nathan, L Goodyer, A Lorejoy, C Anderson; Department of Pharmacy, King's College, University of London.

- **The public supports community pharmacists giving advice on aspirin's benefits in CHD.**

Over eight in ten people surveyed said they would be willing to accept advice on aspirin from a community pharmacist. A similar number would also be willing to accept advice on CHD. Over three-quarters also felt pharmacists are sufficiently qualified to provide information on CHD. Despite high support for pharmacists giving this sort of information, less than two-thirds thought a pharmacy was an appropriate place to discuss this - lack of privacy being the main consideration.

P Black, A Blenkinsopp, I Kingborn; Department of Medicines Management, Keele University.

- **Demand for out-of-hours pharmaceutical services does not seem to have reduced despite formal out-of-hours GP services being introduced.**

A study looked at the number of urgent prescriptions dispensed in Gwent over three month periods in 1995, 1996, and 1997. Figures were 280, 193 and 299 respectively. Just over half (54 per cent) of the scripts were dispensed on weekday evenings. Most were dispensed before midnight, with only 15 per cent dispensed later. Most of the drugs dispensed were antibiotics, analgesics, bronchodilators and anti-nauseants.

L-r: Duncan McRobbie (Guys and St Thomas' NHS Trust) and Gail McPherson (Worthing & Southlands Hospitals' NHS Trust) discuss undergraduates' clinical skills with Yvonne Cotas (Hereford Hospitals' NHS Trust)

Call for 'responsibility' debate

The Royal Pharmaceutical Society's president, Hemant Patel, has called for a debate on professional responsibility to develop a suitable framework for professional values in pharmacy.

"I urge everyone in the profession to look around and see where they can accept responsibility," he said during Wednesday's banquet. He asked: "Is the acceptance of responsibility a matter of degree in which we have a choice, or is it an inviolate professional principle?"

The profession should adopt a new "template of predictability ... to encourage honesty, integrity, compassion and a positive mental attitude, and reward the responsibility we take for leadership, entrepreneurship and practice innovation".

In his address, Conference science chairman Professor Bob Hider said the Society did not attach enough importance to the pharmaceutical sciences. By not appointing a science director in the recent management changes, the Society was not sending out the right messages to others that it, too, was a scientific organisation. The new Pharmaceutical Sciences Group, which had nearly 1,500 members, would push for increased representation on the board of directors and on Council. This would be important if the Society was to represent the pharmaceutical sciences at international level.

Guest speaker, the Rt Hon Lord Newton of Braintree, a former health minister and leader of the House of Commons under the Conservatives, said he hoped pharmacists would play a major part in primary care plans. Paying tribute to CPAG's campaign on resale price maintenance, he said that Parliament's response had reflected a high degree of support for community pharmacy which should be encouraging to the profession.

He hoped pharmacists would be willing to make commitments in three main areas – to the NHS, to working in partnership with other professions and to a high standard, quality service.

Lord Newton of Braintree, the RPSGB's parliamentary advisor, talks to secretary and registrar Ann Lewis before the banquet

R Walker, A Harris; Welsh School of Pharmacy, University of Wales and Gwent Health Authority.

● **Pharmacy graduates lack clinical competence at the start of their hospital pre-registration training.**

After six weeks' training, pre-reg students were assessed in six areas, according to the aims of the Objective Structured Clinical Examination (OSCE). None of the 52 students successfully completed all six 'work stations'. The best area was devices counselling, passed by 60 per cent. Retrieving information from patient notes and taking drug histories were passed by about two-fifths. Under a third passed in medication counselling and only a sixth passed on therapeutic drug monitoring.

The only correlation found between the students' personal characteristics and the OSCE score was with the classification of undergraduate degree.

G McPherson, J Davies, D McRobbie; Worthing & Southlands Hospitals NHS Trusts, University of Brighton and Guys & St Thomas' NHS Trust.

● **Researchers in Northern Ireland found a significant improvement in *H pylori* eradication rates when patients on triple therapy received special counselling.**

A hospital pharmacist advised patients on the importance of eradicating the organism, the need to comply with treatment and the possible side effects they might experience. Verbal information was accompanied by a leaflet and a compliance diary chart. The patients were also telephoned three days after treatment started to encourage compliance.

The *H pylori* eradication rate, measured by urea breath test, was nearly 95 per cent in the intervention group compared with 74 per cent in the control patients who were treated according to normal hospital procedures.

Just over 92 per cent of patients in the intervention group took all their medicines as prescribed, compared with 24 per cent of the controls.

FA Al-Eidan, JC McElnay, Pharmacy Practice Research Group, the Queen's University of Belfast; MG Scott, Antrim Hospital Academic Pharmacy Practice Unit; JB McConnell, Department of Medicine, Antrim Area Hospital.

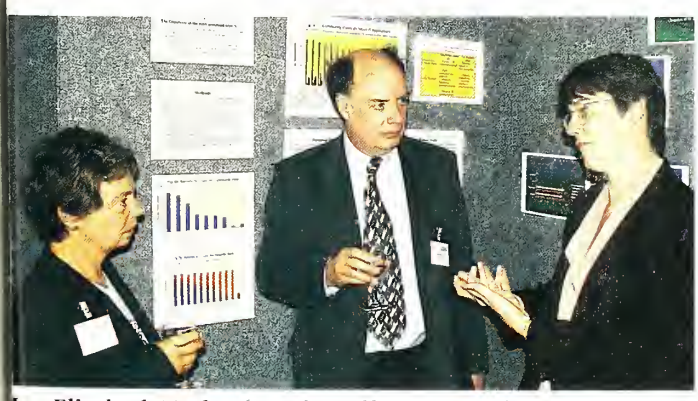
● **Five GP practices have participated in formulary development 'away days' in South and West Devon, where they review their prescribing with the help of the pharmaceutical adviser and, frequently, a local community pharmacist.**

Analysis of PACT data showed that the cost savings of over £52,000 greatly exceeded locum costs for the participating doctors and pharmacists (nearly £14,000). Although it was not possible to conclude that prescribing changes occurred directly from the formulary days, the approach seemed to have encouraged the practices to rationalise their prescribing, the researchers say.

S Gammie, N Hews, J Short; South and West Devon Health Authority.

● **Patients discharged from general medical wards should receive information on drugs prescribed to take to their community pharmacist. It would reduce the risk of an "unintentional discrepancy likely to have an adverse effect" by 37 per cent, say researchers at the University of London.**

C Duggan, I Bates, J Hough, School of Pharmacy, University of London; R Feldman, St Bartholomew's and Royal London School of Medicine and Dentistry.



L-r: Elizabeth Taylor (North Staffs NHS Trust) discusses the impact of IT on pharmacy with Dr Keith Wilson of Aston University and Stacey Sadler from MRI based at Aston

While pharmacy symbol groups have made tremendous progress, they are under pressure to evolve into much larger, sophisticated organisations. Will there be casualties? Guy L'Aimable reports

Judgement day

As competitive pressures rise inexorably, it is tempting to assume that nearly all independent pharmacies will join pharmacy symbol groups, such as Numark and Nucare, within the next decade. That assumption ignores a relatively complicated situation.

If the economic factors were so overwhelming, nearly all independents would have already joined these groups because they would find it near impossible to survive on their own. A sizeable minority of pharmacies, however, remain 'independent'.

"All groups share the problem of ensuring that retail standards are consistently high"

The four biggest pharmacy groups – Numark, Nucare, Avicenna and Camrx – have about 2,870 members between them. Other independents have joined wholesalers' symbol groups. UniChem's Community Pharmacy Initiative has 700 members, while its Gold Partner scheme has 550. AAH, meanwhile, has 2,300 Vantage pharmacies.

Taking into account pharmacists who have joined more than one wholesale symbol group, about 1,000 pharmacists remain 'independent'. Why is that? Two possible reasons are the desire to maintain familiar trading conditions, and professional pride in retaining their ability to run their businesses as they see fit.

Abdul Hafiz, a pharmacist who runs Bradford Road pharmacy in Huddersfield, says he could not be bothered to join because he is already committed to dealing with UniChem. He would consider joining a group if it offered better discounts on ethicals.

Chad Persaud, who runs Chadchem Dispensing Chemist in South Shields, Tyne & Wear, had considered Numark's package but was not impressed. "I've found their prices quite high. I think you need a very good turnover to recoup their membership fees," he says. "For some of Numark's prices, for example, you could get the same brands cheaper from other wholesalers. You can also get better prices from reps, if you can negotiate good deals."

Being unattached also gives him the flexibility to buy products from anyone. Practical matters aside, Mr Persaud says independents should have the professional pride to improve their own outlets, rather than "follow" the examples set by pharmacy groups. "Why not see what your competitors are doing and work

Jason Bennion

Major pharmacy symbol groups:

Numark, founded [as an industrial and provident society] 1995; 1,145 members
Nucare, founded 1994; 1,070 members
Camrx, founded 1994; 410 members
Avicenna, founded 1984; 240 members

on that? Some people like to be led - they like others to think for them. I prefer to think for myself," he says.

While Terry Norris, Numark's managing director, agrees there are strong, well-run independents, he believes they will be a minority in the long term. Most unattached independents will have few options but to join a pharmacy group. "It's not the question of individuals being weak, but collectively they are strong and can withstand the external influences that affect pharmacy," he says.

Pharmacy groups say their rising memberships proves the strength of their concept. Apart from Numark, most groups were founded within the past 15 years. "To get half the independents to join in that time is a colossal achievement," says Veni Harania, Nucare's managing director.

Pharmacists have initially been attracted to the better buying terms these groups offer. The groups realise, however, that independents need more than attractive margins to withstand competition from multiples and supermarkets. Which is why the larger groups are paying more attention to improving members' retailing and merchandising skills.

Numark was the first to invest in this area. It does not feel threatened by other groups, particularly its immediate rival Nucare, who aims to catch up. "I don't accept the word 'threat'. Numark and Nucare are different offers and I don't think they will be the same," says Mr Norris. "We think we are a long way ahead of anyone."

All groups, no matter how sophisticated, share a common problem: ensuring retail standards are consistently high. None of them want their public images spoiled by a few sloppy members.

Verdict, the market researcher, hints that the groups must have more control over their members. Its recent report on health and beauty retailers says: "In order to compete on equal terms [with multiples], independents require the disciplines of multiples applied to the principles of the symbol groups. This philosophy renders voluntary trading obsolete, because without compulsory elements a national symbol has no credence at this time or future."

Numark backs the need for discipline - it eventually aims to expel members who refuse to take up its merchandising/marketing advice. Mr Norris says the pressure to create uniform standards stems from his members, not Numark's managerial board. "Anyone can leave if they want to - no financial penalties are involved. Because we're helping with the profitability [of members], we're on a course that will free the pharmacist to spend more time with what he was trained to do," he says.

If other pharmacy groups decide to follow suit, potential members could argue the groups are taking away their freedom to run their businesses as they like. Mr Norris says pharmacy independence is an overrated concept. "People value it enormously and they value the area around their shop enormously. But we tell them we don't think the public values that as much as pharmacists think," he says. "I'm not saying independence is not important - it's not enough in itself to save pharmacy businesses."

The drive for quality and better services must ultimately have an impact on the groups' annual membership fees. These range from £150 to £480. Verdict reckons the ideal fee, assuming the group has 1,500-2,000 members, should be £3,000 - as a result "... there would be sufficient income to provide the services that independents require to face their future optimistically, while retaining their independence," it says.

Pharmacy groups have mixed views about this idea. Numark backs it because it believes the extra money would fund extensive advertising campaigns. "That [fee and 2,000 members] would create an ad spend of about £3 million a year. And if we recruited more members we could spend £4m-5m a year on ads. It means we would be seriously addressing consumers every day with the messages we want to put forward for Numark," says Mr Norris.

While Nucare and Camrx agree the fee would be ideal, they admit they would face an uphill struggle convincing their members. Camrx's managing director Rajni Hindocha comments: "I don't know whether independents would want to pay that kind of fee - it would take up as much as 20-30 per cent of their professional allowance."

> **"By 2005 there will probably only be two major organisations for independents"**

A higher fee obviously brings more rewards if you have many members. Pharmacy groups' plans hinge on their recruitment targets. Nucare and Numark, for example, say they are on course to have 2,000 members each by the year 2000. Camrx hopes to have about 800 by then, while Avicenna's target is at least 290.

But how much further will the groups be able to expand after 2000? To meet their current targets they would have to entice pharmacists away from wholesaler symbol groups. Another barrier could be the shrinking number of independents. With such imponderables as resale price maintenance and NHS remuneration, no-one can be sure how many independent pharmacies would be left by, say, 2005. Nucare reckons it could be 4-4,500 - assuming resale price maintenance was abolished. Mr Harania admits the group will have difficulty recruiting more than 2,000 members.

Clive Vaughan, Verdict's research manager, says the groups must expand to survive. "As pharmacy companies, such as Unichem, get bigger, the buying groups will have to grow bigger if they want to offer comparable buying power."

Numark believes the crisis point for some pharmacy groups is on the horizon. "I would be very surprised if there were more than two major organisations for independents by 2005 - there may be only one," says Mr Norris. "The demands placed on pharmacies [by the Government] will increase, so the provider of goods and services will have to cope better. It won't be enough to be just a buying group."

Groups with enough money to introduce more services would prosper - their poorer colleagues would fade away.

While Nucare agrees with this assessment, Camrx understandably sees a role for relatively small groups. "I think smaller groups work more on fellowship and friendship, so there's a need for them," says Mr Hindocha. "Local factors are also involved, for example, the group may have a link with a local generic supplier."

Some pharmacy groups may decide a merger is the best option. Numark does not rule it out, providing it remains the dominant partner. "The only condition is that people who wanted to join us would have to abide by the same conditions as our shareholders," says Mr Norris.

Nucare is also careful not to burn its bridges. "If the time and circumstances are right, anything is possible. Our aims and reputations are similar," says Mr Harania.

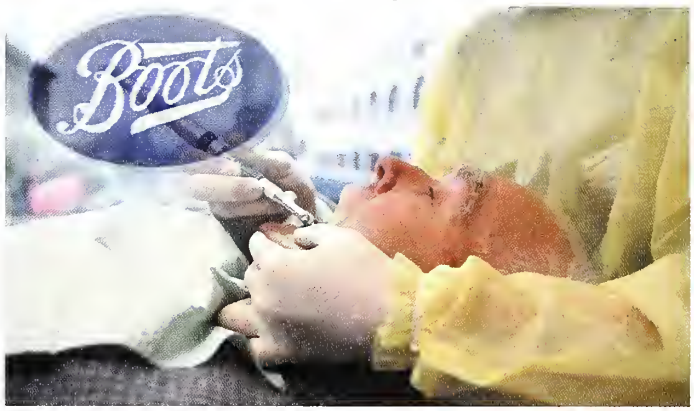
All the pharmacy groups' carefully laid plans could, of course, be scuppered if the Government changes the NHS contract system. Mr Vaughan claims the nature of pharmacy groups and independents will be driven by the NHS, not retail matters. "If the Government wants to shut down about 5,000 independent pharmacies, they could do so immediately," he says.

"Our view is that there are too many [pharmacy] outlets. The best way of dealing with it is for the Government to control the exit and for the Government to buy back some of the outlets' pharmacy licences, instead of leaving it to market forces to trim the numbers."

That scenario would leave fewer pharmacies, located in larger premises. Their size would leave them in a better position to deal with local GPs and to offer ancillary services.

Would such pharmacies still need pharmacy groups? It's a sobering thought for Numark and its colleagues.

Boots to trial dental practices



Boots the Chemists (BTC) will open dental practices after acquiring Wilson's Dentistry, a Birmingham-based dental body corporate (DBC), for £250,000.

Under the Dentists Act, a company must own a DBC to operate a dental practice - the UK has only 27 DBCs.

Boots plans to open six trial practices, called Boots Dental Care, next year. These will offer a mixture of NHS and private services. Some of the practices will be in-store, while others will be stand-alone businesses in town centres. BTC has not disclosed where it will locate the practices.

Wilson's Dentistry will initially retain its name and staff - BTC has further undisclosed ideas about the practice's future. It denied it planned to roll out a national chain of dental practices. Steve Russell, BTC's managing director, said the move was "... a necessary first step in a programme to explore thoroughly the opportunities in the corporate dentistry market".

The UK dentistry market grew 8 per cent to £1.9 billion last year. BTC said the opportunity for a newcomer was there because dentistry was going through "an exciting period of change". Consumers were demanding more from their surgeons - as they were from opticians. Boots said its practices would be more responsive to their needs. "Most dentists are not in high streets, so people coming to Boots Dental Care don't have to make a special trip," it said.

Boots Dental Care will also differ from current practices by stocking a range of BTC's own label and branded dental products. "While dentists often advise you about what you need, they don't have any products at hand to show you. We'll stock a range for our patients," it added.

BTC will display in-store information about the practices, but it stressed the businesses would be run in accordance with Royal Pharmaceutical Society regulations. "Our pharmacy staff, for example, could point out that there is a Boots Dental Care nearby, but they will have to provide a list of other dental practices in the area," it said.

Peter Smith, a pharmacist who was formerly BTC's director of customer services, has been appointed Boots Dental Care's managing director.

Ethical Generics announces new CPD programme

Ethical Generics has unveiled a new continuing professional development support programme.

'Insight' will be rolled out formally in a few months time. Meanwhile, pharmacists' views on what sort of CPD support they require was being sought at the British Pharmaceutical Conference last week.

Among the areas Ethical Generics (EG) wants to cover in the Insight programme are: offering practice support, providing training courses, issuing pharmacy bulletins and providing support for pharmacy assistants. EG is also considering establishing pharmacy working groups and holding pharmacy educational competitions.

EG business development manager Peter Ballard says the company is seeking views from committed pharmacists so that the programme can be tailored to their needs. Pharmacists who wish to register with Insight can contact Ethical Generics on 01635 568400.

Pharmacy group appoints AAH as wholesaler

Fife Pharmaceutical Services (FPS), a group containing 21 pharmacists, has chosen AAH Pharmaceuticals as its wholesaler.

FPS was formed in January by like-minded pharmacists who wanted to expand into professional services and improve what they offered customers.

The group initially had six members, who examined generics, parallel imports and professional services.

Andrew McDonald, the group chair, said it now had enough members. "We want to make sure we have strength in numbers but are also small enough to control," he said.

Under the AAH deal, FPS' pharmacists become Vantage members. The group is holding training sessions with its members, backed by AAH and other pharmaceutical companies. Six FPS members are doing a postgraduate MSc course.

● AAH is extending its new Vantage livery and merchandising systems to pharmacies in Gateshead and Warrington in October. The move follows a successful pilot carried out in 85 Vantage members stores in Leeds and Glasgow, during the summer. AAH's target is to rebrand 200 pharmacies by the end of the year and 700 by the end of next year.

Short liners hit Alliance UniChem in UK

Alliance UniChem's interim results, the first since UniChem merged with Alliance Santé last December, show pre-tax profits up 86 per cent to £50.1 million on a turnover of £2.52 billion for the period to June 30.

French healthcare taxes for wholesalers, which rise whenever the market growth rate increases, would have cut AU's operating margins by slightly more than 0.5 per cent, but the group offset the potential reduction by cutting its operating costs - five wholesale depots were closed during the first half.

AU's turnover grew 203 per cent, in line with the group's expectations. While its wholesale subsidiaries in France and Italy saw strong growth, AU's UK operations have been held back by the growth in parallel imports and the expanding short line sector.

"Account churning has seen us with more pharmacy customers, but we are not getting so much business from them," says chief executive Jeff Harris. "The pressure of the discount clawback has meant that more and more pharmacists have had to trade away from their main line wholesaler."

Shortline wholesalers now take 11 per cent of the market compared to 5 per cent a few years ago. UniChem is fighting back through OTC Direct (although its sales are "only a few million a month") and through one-to-one contacts with major customers.

UK wholesale turnover rose 3 per cent to £719.1 million, while the wholesale market's overall growth was an estimated 3.6 per cent. AU's operating profits grew 4 per cent to £20.4 million, which reflected a cost-cutting programme. The group said its lower costs helped offset the impact of slower sales on its operating margin, which rose a fraction to 2.84 per cent.

AU says the strong pound has allowed short line wholesalers to drive up parallel import sales. "Clawback rates are likely to increase as a further adverse consequence of the rise in PIs, and we expect to see a slower rate of operating margin than seen hitherto."

However, Jeff Harris expects short line wholesalers to lose some ground when the pound's value slips back.

Moss Chemists, meanwhile, enjoyed another "strong performance", with sales up 21 per cent to £167.5 million - its operating profits rose 23 per cent to £10.6 million.

Like-for-like prescription turnover grew 7.5 per cent, compared with the market's growth of 7.2 per cent.

Growth from pharmacies acquired last year, and 26 outlets acquired during the first half of this year, contributed 14.2 per cent to Moss' increase in turnover.

AU said demand for pharmacies - and as a result their prices - was slipping because of the increasing rate of discount clawback "... which reduces the profitability of independent pharmacies unable to access the benefits of being part of a multiple chain". AU is only buying one in eight of the pharmacies that it looks at.

Clawback rates had grown 0.7 per cent and Moss faced further cost pressures from pharmacists' rising pay levels. However, its operating margins rose 0.13 per cent to 6.33 per cent during the first half.

Mr Harris also revealed that Moss, like Boots, has acquired a dental body corporate and has a small project looking at high street dental care.

AU's integration has been completed and it is rolling out various synergy projects. These include group buying of products such as generics. AU is also benefiting from economies in capital purchasing in an automation programme in continental depots.

The group's European markets were also growing tougher, partly because European-wide moves to cut healthcare costs would constrain markets that had grown faster than expected.

But AU hints it is still looking for other European partners as it seeks to expand into other geographic markets.

Pharmacies fail to understand customers

Independent pharmacies are not maximising their potential because they do not understand their customers' shopping habits, according to a consumer behaviour report by POP Displays International.

The company, a retail display specialist, installed a couple of cameras in a Midlands-based Vantage pharmacy for one day, and watched customers' behaviour patterns. POP was also checking how well the pharmacy's merchandising worked.

During the three-hour test period 109 customers walked in - most of them for prescriptions. The majority were 25-60-year-old females, although 40 per cent were male, which POP considered surprising as the test period was during a weekday.

Customers had two routes to the pharmacy's dispensary counter: straight across the store or around its circumference, by its shop window. Most customers went straight across. And the customers would leave the store by the same route they went in.

POP said the pharmacy's customers had four approaches once they reached the dispensary:

1 Wait at the tills

2 Look about the tills while waiting

3 Walk around the store

4 '10ft factor' - people would stand 10ft from the dispensary, partly because they did not want to be too close to the counter, and because they were scared they might miss their prescriptions being called out.

As 32 people adopted the '10ft factor', POP said the pharmacy should consider merchandising goods away from the counter.

Philip Adcock, POP's marketing director, said women were the better shoppers and more likely to look about when waiting for their prescriptions. Men were more likely to stand 10ft away from dispensary.

Customers did not buy anything apart from the prescriptions, he added, partly because the pharmacy's layout was not effective. "The way it was laid out, people waiting for prescriptions weren't exposed to any promotions," he said. "Judging by the demographics of the customers, what the pharmacy was stocking was not quite right. For example, near the dispensary counter it stocked Dr Scholl products and glucose drinks. Yet in a dark section there was a cosmetic section. Women like to buy cosmetics to reward themselves - these products would be ideal for the 10ft space near the dispensary counter."

Mr Adcock suggests the following tips to improve merchandising:

- don't allow reps to dictate what products you stock. Pharmacists must fine-tune stocks to suit their customers
- pharmacists must understand what sells (the Vantage pharmacy did not have EPoS)
- understand what is a reward purchase, eg lipstick, and what is a distress purchase, eg corn plaster
- watch customers to see what route they take to the dispensary - one route will be more popular - then decide what you must stock there
- do not stock products on the dispensary for your convenience, eg laxatives, because they save you the hassle of looking for them for a customer. Stock impulse purchases because people will not normally ask for them, although they will ask for laxatives.

Mr Adcock said pharmacies also needed a structured merchandising plan, since they were subjected to so many influences.

Pharmacists who want more information about POP's customer behaviour report should phone Mr Adcock at: 01827 56970.

Cortecs in cost-cutting drive to prevent 'dilutive' funding

Cortecs, the Middlesex-based biotech company, has started a cost-cutting programme to prevent the need for "dilutive funding".

The company reported a loss of £18 million - up 54 per cent on the previous period - for the year to June 30. Turnover almost unchanged at £7.9m.

Lord Patten, its chairman, denied rumours that the company wanted a rights issue. He said Cortecs would look at non-dilutive funding and aim to spend less on R&D. During the year its R&D costs rose 45 per cent to £16.7m.

"We are disposing of the company helicopter and are very closely examining all costs to cut unnecessary expenditure," he said.

Cortecs would focus its resources on a few products, with the greatest financial potential, over the next three years. The company's cash reserves stood at £28.3 million on June 30.

It may yet have to pay a settlement to Glen Travers, its former chairman, who left the company in acrimonious circumstances last year, and is claiming compensation for loss of office. Cortecs said it would vigorously defend the claim.

Procter & Gamble in global restructure to recover sales

Procter & Gamble is planning an organisational shake-up as it seeks to recover from falling sales.

Durk Jager, P&G's chief operating officer, will succeed John Pepper as chairman on January 1. Mr Jager is noted as a tough operator who could cut costs to improve P&G's financial position.

P&G's previous cost-cutting programme in 1993 closed 30 plants and led to 13,000 redundancies.

The company's shares in the US fell 6 per cent to $94, last week, when it warned that earnings for the quarter to September would be much lower than expected.

P&G then announced it would ditch its global set-up, which comprises four geographical units, in favour of seven global business units based on product categories. These are: baby care, beauty care, feminine protection, fabric and homecare, food and beverage, healthcare, and tissues and paper towels.

The units will be complemented by eight 'market development organisations', which will develop programmes to expand the categories' market shares.

The company said the new structure would make it respond better to the market place.

The company's UK spokesmen were unavailable for comment as *C&D* went to press.

MONDAY SEPTEMBER 21

Swindon Branch, RPSGB. Marsh Farm Hotel, 7.00 for 7.30pm. 'Pharmacy and computers - problem or opportunity - marriage or battle', Ian Shepherd, head of IT, RPSGB.

TUESDAY SEPTEMBER 22

Oxfordshire Branch, RPSGB. Oriel College, 8pm. Cheese and wine.

WEDNESDAY SEPTEMBER 23

S Staffs Branch, RPSGB. Tamworth Superbowl, 7.45pm. Tenpin bowling.

W Herts Branch, RPSGB. Hemel Hempstead General Hospital, 8pm. 'Anticoagulation and anticoagulants', Dr Liz Gaminara.

Slough Branch, RPSGB. Wexham Park Hospital, 7.15pm. 'Pharmacy in the new age, information technology in the new age', Ian Shepherd.

THURSDAY SEPTEMBER 24

Beds Branch, RPSGB. Conference Centre, Silsoe, 8pm. 'Facts and figures in healthcare', Gerry Williams.

Bristol Branch, RPSGB. Kings Square House, Bristol, 7.30pm. 'Making best use of pharmacists and their support staff', Roger Odd.

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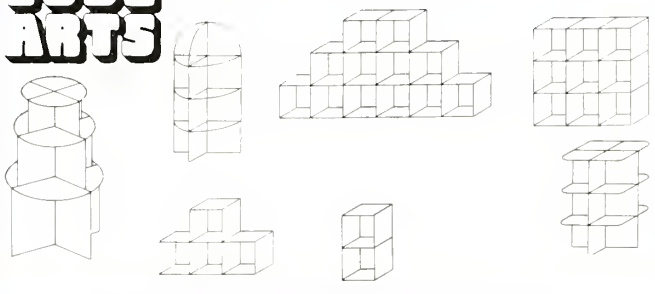

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FREE: Sell your dead stock/surplus (@ 70% list >6/12, 50% list < 6/12. Send your surplus drug list NOW, (include QTY. and EXP) and improve your cash flow.

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Buy offers direct from above at same price - AND pay us 10%! (VAT FREE) commission only on what you spend!!!

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Tel/Fax: 0161 969 1631

Pharmacists should only advertise medicines for sale where the product is discontinued or in short supply.
Medicines must be unopened and in original packaging.

A seaside sketch

What is the Civil Service coming to? The prize for the best one-liners of last week's British Pharmaceutical Conference goes to Department of Health chief pharmacist Bryan Hartley.

Saying that prophecy is a 'no win game', he spoke about the changes pharmacy has seen that he could not have predicted when he entered the profession 40 years ago. However, while looking at BMA chairman Dr Ian Bogle, he said: "I might have prophesied the demise of latin in prescriptions, although that was a hard fought death, like the killing of Sister George."

He also demonstrated his consummate timing. Alluding to an event expected the same day, and dominating the news, he said: "The results of the service audit, I envisage in time, will be made widely available ...[pause] ...maybe on the Internet ...[pause] ... next to Mr Clinton's."

And finally: "I'm the person who comes between you and your coffee. I also come between you and some other things," he said mysteriously. What could he be referring to?

Touch of toothache?

Was the red flush on the face of Boots superintendent pharmacist Digby Emson due to the fresh sea air, or perhaps a touch of toothache?

Or could it be that three pharmacy press journalists were discussing the *Daily Express* banner headlines 'Boots the Dentist' as he passed by, and wondering why they hadn't been let in on the story? Mr Emson's comment on the news: "Oh, it's broken, has it?"

Doing the half Nelson

But perhaps the women in the front row at the Young Pharmacist Groups' tasteful presentation of the (nearly) Full Monty were more embarrassed.

Asked to rub baby oil onto the chests of the five male 'exotic' dancers, there was a mad rush in the opposite direction. However, the odd cheer and cries of "phwoarr, get 'em off" could be heard from (mainly) 'ladies' standing on chairs for a better view.

The sense of disappointment that fell across the room was tangible when it was realised that the YPG committee would not be performing the Full Monty in person, but had hired a professional troupe. After all, the invite did talk about 'bare-faced cheek' ...

The YPG's PR officer, Sid Dajani, says this was only a taster for the full Full Monty to be seen at the YPG Conference in October. You have been warned.

Pre-Banquet chit chat

Pharmaceutical Journal: "And when I'm eating, at what part of the meal should I be thinking of you?"
Chemist & Druggist: "What?"
PJ: "I see you're one of the sponsors."
C&D: "Oh, only of the menu. Well, it's full of roughage, I suppose."

Also at Conference

- A passing visit from a stormy Danielle, no doubt exhausted from trying to replenish her hurricane strength from a cold north Atlantic.
- Not seen as much as usual was Andrew Burr, described by one senior pharmacy educator as behaving "very demurely". "It's not as though people have ostracised him, it's just that he doesn't seem to be talking to anyone."

APPOINTMENTS

Catherine McLoughlin has been elected chairman of the NHS Confederation, which represents NHS trusts, health authorities and boards. She is chairman of Bromley Health Authority, and she believes the Confederation should be driving policy rather than acting as a sounding board.

Pharmadass has appointed **Andrew Waide** as head of sales and marketing. He has worked as a consultant for the company for the past seven years.

SCA Hygiene Products is expanding its fluff products team. **Sally Barker** becomes UK general sales manager, fluff products, responsible for nappies, incontinence care, Bodyform and own label sanpro. **Kate Harrison** and **Tony Sperrin** have been appointed national account managers.

Boots the Chemists has appointed **Clive Stanley** as regional general manager responsible for both Northern Ireland and the Republic.

Bausch & Lomb, manufacturer of contact lenses and solutions, has appointed **Colin Hunter** as vice-president of sales for the Vision Care business in Europe, the Middle East and Africa. The post was created to support growth in Europe.

Stuart Wallis, currently chairman of SetonScholl Healthcare and former head of Fisons prior to its sale in 1995, has become chairman of Therapeutic Antibodies Ltd.

The charity No Smoking Day has appointed **Doreen McIntyre** as chief executive and **Dame Deirdre Hine** as the new chair. No Smoking Day will be on March 10 in 1999.

Privately held biotech company Prolofix has expanded its lead development capability by appointing **Paul Finn** as head of chemistry.

Bath Chronicle

An historic Bath Pharmacy has been nominated for a customer service award in a local newspaper. Guy Wilson, managing director of Luther Wilson Ltd, runs two pharmacies in Bath. His Brock Street branch has been nominated for the 'Shop of the Year Award'. The pharmacy has been in the same family for 98 years and Mr Wilson has worked there as a pharmacist for 44 of them

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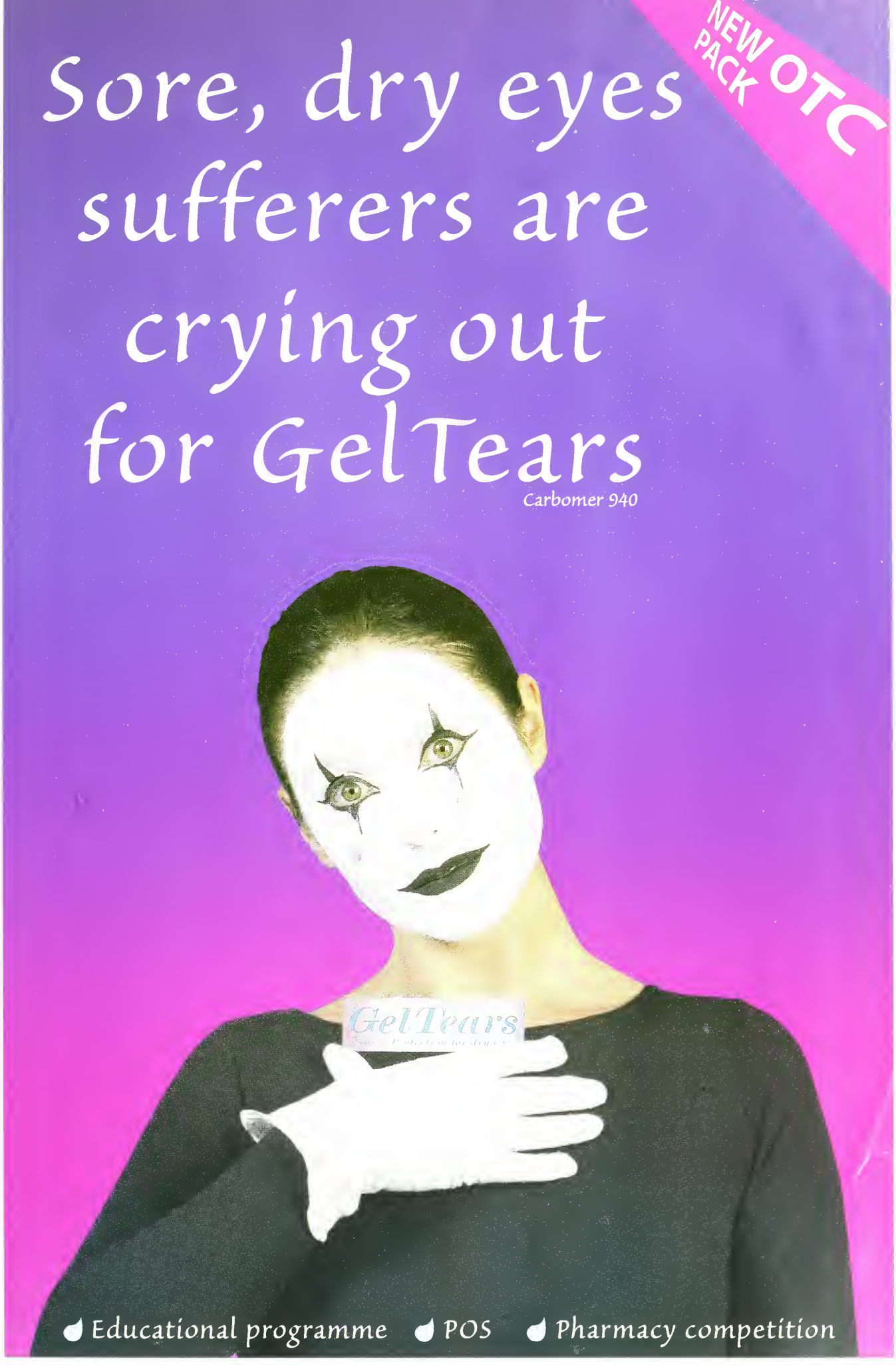

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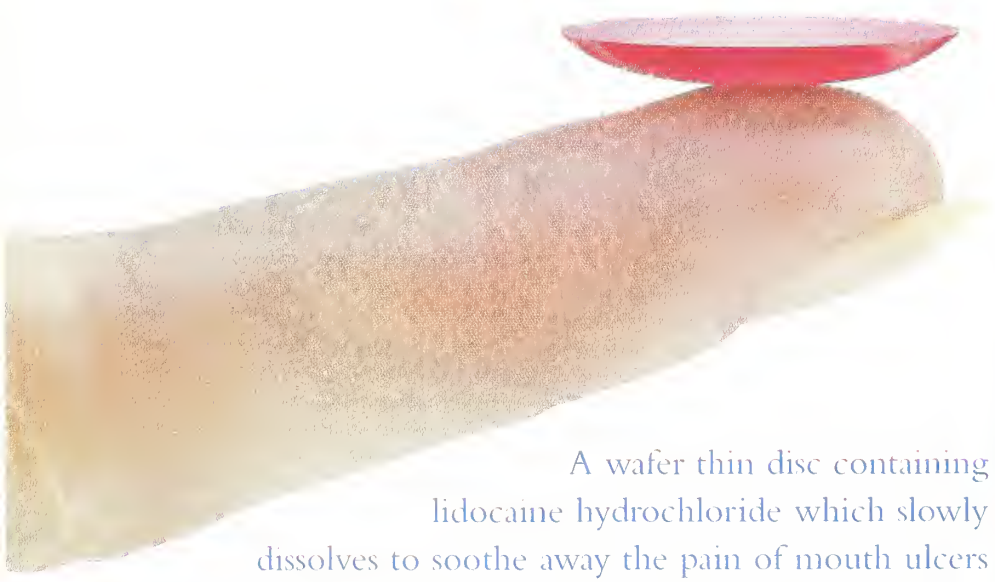

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Abbreviated Prescribing Information
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Schering-Plough Consumer Health